



NORTH SIOUX CITY POLICE AND FIRE RESCUE EMS



Emergency Contact Form

Business/Organization Name: _____

Business Address: _____

Type of Business: _____

Business Phone: _____ Business E-mail: _____

Persons to Contact in Case of Emergency

#1 Name: _____ Phone # _____ Cell # _____

#2 Name: _____ Phone # _____ Cell # _____

#3 Name: _____ Phone # _____ Cell # _____

#4 Name: _____ Phone # _____ Cell # _____

- V Alarm System: Yes _____ No _____ If Yes: Silent _____ Audible _____
- O Type of Alarm: Burglar _____ Fire _____ Hold-up _____ Panic _____ Motion _____ Other _____
- L Name of Alarm Company: _____
- U 24-Hour Phone # for Alarm Company: _____
- N Recorded Surveillance Cameras: Yes _____ No _____
- T Camera Locations: Inside _____ Outside _____ Drive-thru _____ Other _____
- A Duration of Video Surveillance Storage/Loop: _____
- R Firearms on Premises: Yes _____ No _____
- Y Safe on Premises: Yes _____ No _____

Hazardous Materials, Type and Location(s): _____

Other Special Instructions: _____

Normal Business Hours: Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Name of Person Submitting Form: _____ Date: _____

NOTE: All this information is confidential and stored at our dispatch center and police station. This information is not accessible to anyone other than our public safety employees and is used for emergency purposes only. Please email completed form to Faustin.mahlke@northsiouxcity-sd.gov or return to the PD lobby during normal business hours.