



**VILLAGE OF STEELEVILLE**  
**POLICE DEPARTMENT FILE**  
**BUSINESS EMERGENCY CONTACT INFORMATION**  
 (ALL INFORMATION IS CONFIDENTIAL)  
 FOR EMERGENCY USE ONLY

PLEASE PRINT

Name of Business \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Business FaxNo. \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Name of Business Owner \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

**Please list the names in order that you wish to be contacted in the event of an after hour emergency:**

| NAME | ADDRESS | HOME PHONE | CELL PHONE |
|------|---------|------------|------------|
|      |         |            |            |
|      |         |            |            |
|      |         |            |            |

**Business Hours:**

Monday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Name of Alarm Company \_\_\_\_\_

Additional Information (guard dogs, weapons, fire alarm system, safe on premises, etc.)

\_\_\_\_\_

\_\_\_\_\_