

UNION COUNTY EMERGENCY COMMUNICATIONS

NOTE: THIS IS A VOLUNTARY REGISTRATION, THERE IS NO FEE INVOLVED. THIS FORM IS STRICTLY TO PROVIDE NOTIFICATION TO THE BUSINESS OWNER IN CASE OF AN AFTER-HOURS EMERGENCY AT YOUR BUSINESS.

AFTER-HOUR BUSINESS EMERGENCY CONTACT INFORMATION

BUSINESS NAME: _____

ADDRESS: _____

COMMUNITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE NUMBER: (____)____-_____

TYPE OF BUSINESS: _____

OWNER/OPERATOR: _____

HOME PHONE: (____)____-_____ CELL PHONE: (____)____-_____

OTHER EMERGENCY CONTACTS

NAME: _____

HOME PHONE: (____)____-_____ CELL PHONE: (____)____-_____

NAME: _____

HOME PHONE: (____)____-_____ CELL PHONE: (____)____-_____

ALARM INFORMATION

ALARMED: YES NO

MONITORED: YES NO

ALARM COMPANY NAME: _____

TELEPHONE #: (____)____-_____

FIRE DEPT KNOX BOX: YES NO IF YES, LOCATION: _____

ALARM PANEL LOCATION: _____

HAZARDOUS MATERIALS: YES NO IF YES, LOCATION: _____

TYPE: _____

FDC (Fire Dept. Connection) SPRINKLER STANDPIPE LOCATION: _____

Information that is provided will be kept confidential and will only be used by the 9-1-1 Communications Center for emergency notifications.

Email to: chrisblack@co.union.nc.us or Fax completed form to: 704-844-6372