CITY OF HAPEVILLE
EMERGENCY CONTACT FORM

Name of Business: _____

Business Address: _____

Business Phone: _____

Business Owner(s): _____

Owner's Phone: _____

Building Owner: _____

Building Owner Phone: _____

Emergency Contacts:

Someone (not including owner of business) who can gain access to the business after normal business hours in case of: a Fire, Burglar Alarm, or other Emergency

1. Name _____
   Phone# _____

2. Name _____
   Phone# _____

3. Name _____
   Phone# _____