



**TCOMM 911**

POLICE | FIRE | MEDICAL  
Your Emergency – Our Priority

# TCOMM 911 PREMISE FORM

Type or Print Legibly

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** (Include directional and suite # if applicable. Ex: 1234 Main St **SE #4**, Olympia)

**If this business has moved, please list previous address:**

**Business Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_.

### After Hours Emergency Call-Out Information:

Please list ONLY those with access to the premise. *Please include area codes with telephone numbers.*

	First Name	Last Name	Primary Phone	Secondary Phone
1.				
2.				
3.				
4.				

**Building Owner & Phone** (if different) \_\_\_\_\_

**Alarm Company(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Provide information you wish emergency personnel to have to reach you or find your business such as: gate codes, directions if difficult to find, Knox box locations, etc. (Please note **we cannot accept** hidden key information or gate codes for private residences)

**Instructions:** Call 360 704 2740 to have the completed form picked up by a Public Safety Representative. Alternately, bring the completed form to your Public Safety Agency. **Do not fax or mail to TCOMM 911.**



**Verified By:** \_\_\_\_\_ (Public Safety Name/ID# required)