



TCOMM 911

POLICE | FIRE | MEDICAL
Your Emergency – Our Priority

TCOMM 911 COMMERCIAL/BUSINESS PREMISE FORM

NOTE – this form is for business use only, not for private residential use. Any residential information will not be added.

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 (including area code): _____

Business Owner: _____ Phone: _____

Alarm Company: _____ Phone: _____

After Hours Emergency Call-Out Information:

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

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

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. This information can be logged by registering your phone number with Smart911.com.)

Instructions: Either call dispatch, **360-704-2740**, to request law enforcement pick up the completed form, or take the completed form to your local police station/sheriff's office. **Do not fax or mail to TCOMM 911.**

Verified By (Officer/Deputy Name/ID#): _____