



# Business Emergency Contact Personnel

*City of Millington Police Department*

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Business Phone Number(s)

Alarm System:  Yes  No

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Business Owner/Manager

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Assistant Manager

\_\_\_\_\_  
Phone Number

**Please list below personnel to be contacted by the Millington Police Department in the event of an emergency after business hours.**

\_\_\_\_\_  
1st Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
2nd Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
3rd Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
4th Contact

\_\_\_\_\_  
Phone Number