

**BOONE COUNTY E-911 CENTER**

**Boone Police Department**

John Wiebold, Chief of Police

Fax (515) 432-1564

Email: [jwiebold@city.boone.ia.us](mailto:jwiebold@city.boone.ia.us)

Business Emergency Information Form

With regard to your alarm system, the E-911 Center and the Boone Police Department need accurate information on file for each business protected by our law enforcement agencies. We appreciate your cooperation in completing and returning this form to us as quickly as possible.

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

BUSINESS HOURS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

BUSINESS FAX: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_ ALARM COMPANY PHONE #: \_\_\_\_\_

Thank you for your assistance. If there is any further information you believe would be helpful to us, please include it on the reverse side of this form.

BOONE COUNTY E-911 CENTER

DATE UPDATED: \_\_\_\_\_ / \_\_\_\_\_  
(MO/YR)