SKAGIT COUNTY SHERIFF'S OFFICE
LA CONNER DETACHMENT
REQUEST FOR
BUSINESS EMERGENCY INFORMATION

BUSINESS NAME:

STREET ADDRESS/POB:

CITY/STATE/ZIP:

BUSINESS PHONE:

ALARM: (CIRCLE ONE) YES NO TYPE: SILENT AUDIBLE

ALARM COMPANY:

PHONE NUMBER:

OWNER INFORMATION

OWNER NAME(S):

STREET ADDRESS/POB:

CITY/STATE/ZIP:

HOME PHONE:

DATE OF BIRTH:

Please provide the names and phone numbers of persons available to respond DAY or NIGHT in the event of an emergency, IN THE ORDER IN WHICH YOU WOULD LIKE THEM CALLED. In the event the owner should be called prior to anyone else, please list the owner's first name.

_____ **PHONE:** _____
LAST FIRST MIDDLE INITIAL

_____ **PHONE:**_____
LAST FIRST MIDDLE INITIAL

_____ **PHONE:**_____
LAST FIRST MIDDLE INITIAL