CITY OF SANTA FE SPRINGS
DEPARTMENT OF POLICE SERVICES
EMERGENCY CONTACT/NOTIFICATION INFORMATION

Business Name: _____

Manager/Supervisor: _____

Business Address: _____

Business Phone: ( ) _____ Fax: ( ) _____ Bus. Hours: _____

Email: _____

Emergency Contacts: **Hours Employees Normally On-Site: _____**

Name	Home Phone #	Cell #
_____	( ) _____	( ) _____
_____	( ) _____	( ) _____
_____	( ) _____	( ) _____

Designated Contact During an Emergency:

Name: _____

Home Phone #: ( ) _____ Cell #: ( ) _____

On-Site Security Provisions: Yes No (Circle One)

Security Company: Name _____ Phone #: ( ) _____

Security Alarm Company: Name _____ Phone #: ( )_____