

# Business Contact Information Form

For Shorewood Hills Fire and Police Departments

*This information is required for any business with a physical address in the Village of Shorewood Hills. This information is not shared publicly. It is intended solely for emergency response reasons. After hours contact information must be local.*

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

Physical Address Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Responsible Parties** (*individuals who have keys to the business that could respond to an incident after hours*).

*Please list by priority order for calling and continue on additional sheet if necessary:*

Priority	Name / Title	Local Phone Number
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

Alarm System:	Type	Monitoring Company	Phone Number
<input type="checkbox"/>	Fire:	_____	_____
<input type="checkbox"/>	Police:	_____	_____
<input type="checkbox"/>	Other:	_____	_____
	(Please Explain)		

**Hours of Operation and Number of Employees** (*please indicate the hours of operation and the number of employees working during that time frame – i.e., M-F: 9:00 am to 5:00 pm: 5 employees; M-F: 5:00 pm to 9:00 pm: 2 employees*):

**Hazards** (*are there any hazards in the business that the Fire Department or Police Department should be aware of? Please explain*):

**Additional Information** (*is there any additional information that would be helpful to the Fire Department or Police Department? Please explain*):

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: **Shorewood Hills Fire Department, 810 Shorewood Boulevard, Madison, WI 53705-2115**