



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

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

Manager/Supervisor: \_\_\_\_\_

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

Business Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ Bus. Hours: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Hours Employees Normally On-Site: \_\_\_\_\_

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

Designated Emergency Preparedness Employee:

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

Home Phone #: (    ) \_\_\_\_\_ Cell #/Pager #: (    ) \_\_\_\_\_

On-Site Security Provisions:      Yes      No      (circle one)

Security Company: Name \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

Security

Alarm Company: Name \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

Alarm Account #: \_\_\_\_\_

Are you interested in receiving information about the  
City's Business Emergency Preparedness Network?    Yes    No    (circle one)