VILLAGE OF BRIDGEVIEW

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BUILDING DEPARTMENT BRIDGEVIEW BUSINESS EMERGENCY CONTACT INFORMATION

11/07

The following information is vital in assisting the Bridgeview Police Department in answering emergency calls at your establishment when you are away.

We request your assistance in supplying the Village of Bridgeview with two or more names and their phone numbers to be called in case an emergency arises at your place of business. Date: Thank you for your cooperation. Name of Business: Business Address: Business Phone Number: Hours of Operation: **EMERGENCY CONTACTS** #1 Contact Name: Address: Phone Number: #2 Contact Name: Address: Phone Number: #3 Contact Name: Address: Phone Number: **ALARM COMPANY** Name of Alarm Company: Phone Number: Is there a Guard on duty? Yes, if Yes provide the phone number: \square_{No} For police officer's safety and the well being of the dog, indicate if a Watch Dog is on the premises. Comments: