

# EMERGENCY RESPONSE FORM

## CITY OF AURORA

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

### BUSINESS OWNER

IT IS ESSENTIAL THAT ALL BUSINESS AND PROFESSIONAL PREMISES RECEIVE PROPER POLICE AND FIRE PROTECTION, ESPECIALLY AFTER NORMAL BUSINESS HOURS. IN ORDER TO PROPERLY PERFORM THIS PROTECTION, PLEASE LIST BELOW THE NAME, ADDRESS, AND TELEPHONE NUMBER OF A RESPONSIBLE PERSON CONNECTED WITH YOUR BUSINESS WHO MAY BE CONTACTED IN THE EVENT OF AN AFTER-HOURS EMERGENCY. THIS WILL BE CONSIDERED CONFIDENTIAL INFORMATION AND WILL BE USED ONLY BY POLICE AND FIRE RESPONDERS.

### RESPONSIBLE PARTIES

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

BACK-UP PERSON \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

2<sup>ND</sup> BACK-UP PERSON \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_