

EMERGENCY CONTACT INFORMATION

WEST BEND POLICE DEPARTMENT

NEW INFORMATION

UPDATE OF EXISTING INFORMATION

TODAY'S DATE _____

TO ENSURE ACCURACY, PLEASE PRINT LEGIBLY OR TYPE THE INFORMATION

BUSINESS / RESIDENTIAL INFORMATION

BUSINESS / RESIDENCE NAME

PHONE

ADDRESS

EMAIL

BUSINESS HOURS

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

The information on this form will be used by the West Bend Police Department in the event of an emergency or incident during non-business hours at your place of business/residence. We request that key holders residing in the West Bend area be listed first as they will be contacted in the order listed.

OWNERS / KEY HOLDERS

NAME	ADDRESS	PHONE	TITLE	RESPONSE TIME (IN MINUTES)

ALARM COMPANY INFORMATION

NAME OF ALARM COMPANY & ADDRESS

PHONE NUMBER

OTHER PERTINENT INFORMATION ABOUT YOUR BUSINESS / RESIDENCE

Please list any information that would be helpful to emergency personnel, such as location of hazardous materials used and/or stored, disabled individuals on premises, or location of emergency lighting controls

HAZMAT / MATERIAL NAME

ID #

Please return this form to: WEST BEND POLICE DEPARTMENT, *Attn: Communications Center*, 350 Vine Street, West Bend, WI, 53095
wendelbornk@ci.west-bend.wi.us Phone: 262-335-5000 FAX: 262-335-5028
<http://www.ci.west-bend.wi.us/Departments/Police/KeyholderForm.htm>.