

City of Langley Police Department

PO Box 366 / 112 2nd St. Langley, WA 98260

Phone: (360) 221-4433

Fax: 360) 221-4267

To the merchants of Langley,

Please take the time to fill out the emergency recall information requested below. This information is used to notify you, or an employee, of a problem at your business during a time that it is closed. Because of the importance of this information, we ask that you fill the form out completely to insure that we can contact an appropriate person should a problem be discovered. Please type of print neatly.

If you are a "home business," it is not necessary for you to complete this form.

PLEASE PROVIDE COMPLETE INFORMATION FOR EACH SECTION OF THE FORM

Name of Business: _____

Street Address of Business: _____

Mailing Address of Business: _____

Phone of Business: _____

Email address: _____

(kept confidential)

INDIVIDUALS LISTED BELOW CAN BE NOTIFIED IN CASE OF AN EMERGENCY:

These persons should live close to Langley, have keys to the business, and be able to make responsible decisions regarding the business. Please keep in mind that these individuals maybe called late in the evening or early morning hours. We also may need them to come to the business in person. We will begin by calling the individual listed as #1, we will then call #2, and #3 (in order) until we locate someone who can respond.

#1) Name: _____ Phone: _____

#2) Name: _____ Phone: _____

#3) Name: _____ Phone: _____

Circle the appropriate choices

Is you business equipped with an alarm system? Yes No

If yes, which type of alarm system: Audible Silent Fire

As a reminder, please be sure that your street address is clearly posted on your business. Proper address posting ensures a quicker response from emergency services.

Thank you for your time.

Date: _____ Information Supplied By: _____