



# OWEN SOUND POLICE SERVICE

EMERGENCY CONTACT LIST  
KEY HOLDER

## BUSINESS INFORMATION

NAME:			
ADDRESS:			
PHONE:		FAX:	
EMAIL:			
PREVIOUS BUSINESS NAME & ADDRESS (IF APPLICABLE)			
HAZARDOUS MATERIALS ON SITE		TYPE OF MATERIALS:	
YES	NO		
ALARM		ALARM COMPANY (IF APPLICABLE)	
YES	NO		
BUILDING OWNER AND		PHONE NUMBER	

## KEY HOLDER INFORMATION

	NAME	DATE OF BIRTH	PHONE NUMBER
1			
2			
3			
4			
5			

### PLEASE READ

THIS FORM IS SUPPLIED TO BUSINESSES IN ORDER TO PROVIDE AFTER HOURS CONTACT NUMBERS IN THE EVENT OF AN EMERGENCY. PLEASE COMPLETE THE FORM AND FORWARD IT TO THE OWEN SOUND POLICE SERVICE AT 922 2ND AVENUE WEST, OWEN SOUND OR FAX IT TO (519) 376-6131. THIS FORM CAN BE SCANNED AND EMAILED TO [INFO@OWENSOUNDPOLICE.COM](mailto:INFO@OWENSOUNDPOLICE.COM).

**THIS INFORMATION IS STRICTLY CONFIDENTIAL AND FOR POLICE USE ONLY.**

IN THE EVENT OF STAFFING/PHONE NUMBER CHANGES, PLEASE UPDATE THE INFORMATION AND SUBMIT A NEW FORM.