



BUSINESS EMERGENCY CONTACT FORM

Date _____ OPD Business # _____

This information is required for use by the Police Department in the event of an Emergency at your place of business **per City Of Ocala Ordinance 30-33**. Complete form and mail or fax to Ocala Police Department Communications, Address: 402 S Pine Ave., Ocala, FL 34471 Fax (352)369-7214.

Business Name: _____

Address: _____

Business Phone(s): _____ **Fax:** _____

Business Owner: _____ **Home Phone:** _____

Property Owner _____ **Phone:** _____

Is Business Protected By Guard Dogs? _____ **Yes** _____ **No**

Does Business Have Security Guards? _____ **Yes** _____ **No**

Security Guard Co. Name: _____ **Phone:** _____

Does Business Have Security Alarm? _____ **Yes** _____ **No**

Security Alarm Monitoring Co. Name: _____ **Phone:** _____

Is there an Automated External Defibrillator (AED) on premises? **Yes** **No**

If so, where is the AED located? _____

Please furnish three (3) names and phone numbers for emergency contact after business hours and weekends.

1. Name: _____

2. Home Phone: _____ Cell Phone _____

1. Name: _____

2. Home Phone: _____ Cell Phone _____

1. Name: _____

2. Home Phone: _____ Cell Phone _____

Ocala Police Department Communications (352)369-7000 FAX (352) 369-7214