

## Business Contact Information Form

The following information is being obtained to assist the City and County of Broomfield Public Safety Communications Center in updating emergency contact information for Broomfield businesses.

|  |  |
|--|--|
| Business Name:   |  |
| Address:   |  |
| Telephone Number:  |  |
| Business E-mail:   |  |
| Please include our business on the e-mail distribution list: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### Business/Security Representative to Contact in Case of Emergency

|                            |  |
|----------------------------|--|
| Name:                      |  |
| Address:                   |  |
| Business Telephone Number: |  |
| Home Telephone Number:     |  |

### Secondary Contact Information:

|                            |  |
|----------------------------|--|
| Name:                      |  |
| Address:                   |  |
| Business Telephone Number: |  |
| Home Telephone Number:     |  |

### On-Site AED Program

Contact North Metro Fire Rescue 303-252-3005 for further information

|                           |  |
|---------------------------|--|
| Name:                     |  |
| Phone Number:             |  |
| Physician Advisor:        |  |
| Phone Number:             |  |
| Number of Units/Location: |  |

### Fire Warden Program

Contact North Metro Fire Rescue 303-252-3005 for further information

|                                |  |
|--------------------------------|--|
| Name:                          |  |
| Business Phone Number:         |  |
| Home Phone Number:             |  |
| Alternate Contact Information: |  |

For Police internal use:

Dispatch – ROLO files updated: \_\_\_\_\_

Dispatch – CAD Geo files updated: \_\_\_\_\_