



BUSINESS EMERGENCY CONTACT FORM

THIS FORM MUST BE FILLED OUT COMPLETELY

Name of Business

Business Street Address

Suite/Apt. #

City

State

Zip Code

Name of Business Owner (Company and/or Individual – Please print)

Business Phone

Emergency Phone

Cell Phone

E-mail

Type of Business (Explain)

Size of Business in Square Feet

or

Dimensions

Alarm System: Yes No If yes, Alarm system must be registered with the Chamblee Police Department and a Permit is required.

Hazardous or flammable materials stored on site? Yes No If yes, please list:

IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT (List in the order to be called):

First Contact

Address

Suite/Apt.#

City

State

Zip Code

Home Phone

Cell Phone

Email

Second Contact

Address

Suite/Apt.#

City

State

Zip Code

Home Phone

Cell Phone

Email

Third Contact

Address

Suite/Apt.#

City

State

Zip Code

Home Phone

Cell Phone

Email

Name of Building/Property Owner

Address

Suite/Apt.#

City

State

Zip Code

Home Phone

Cell Phone

E-mail

City of Chamblee City Hall

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