



# City of Kent

## Emergency Communications Center

### Emergency Notification Form

Please fill out all applicable sections of this form, front & back. Please indicate "N/A" for sections that do not apply.

**Business/Residence Name:** \_\_\_\_\_

Address \_\_\_\_\_

Business/Residence Phone # : \_\_\_\_\_ On-site Cellular #: \_\_\_\_\_

Personal Cellular #: \_\_\_\_\_ Personal Pager #: \_\_\_\_\_

**Business - normal days/hours of operation:** \_\_\_\_\_

**Business - general category/type of activity:** \_\_\_\_\_

**Business (after hours) or residence emergency contacts:** (Please list in preferred order of contact)

1. Name \_\_\_\_\_ Position/Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

2. Name \_\_\_\_\_ Position/Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

3. Name \_\_\_\_\_ Position/Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

4. Name \_\_\_\_\_ Position/Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

5. Name \_\_\_\_\_ Position/Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

**If your business or residence has an alarm system, please complete the following:**

**Description of Alarm:** (Please check all that apply)

\_\_\_\_ Perimeter Intrusion \_\_\_\_ Glass Breakage \_\_\_\_ Interior/Motion \_\_\_\_ Panic/Robbery

\_\_\_\_ Fire/Smoke \_\_\_\_ Sprinkler \_\_\_\_ Carbon Monoxide \_\_\_\_ Medical Emergency

\_\_\_\_ Automatic Alarm Reset after \_\_\_\_ minutes \_\_\_\_ Alarm requires Manual Reset

\_\_\_\_ Knox Box on-premises Location of Knox Box \_\_\_\_\_

**If the alarm is monitored by an alarm company or monitoring center, please provide:**

Alarm Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Monitoring Center (if different from above) \_\_\_\_\_ Phone \_\_\_\_\_

(Please complete the reverse side)

**If your business or residence has additional security provisions, please complete the following:**

(Please check all that apply)

\_\_\_\_\_ Dog on premises \_\_\_\_\_ Recorded Video Surveillance

\_\_\_\_\_ Security Guard \_\_\_\_\_ Uniformed \_\_\_\_\_ Marked Vehicle \_\_\_\_\_ Armed

Normal Days/Hours premises are patrolled \_\_\_\_\_

Security Company name \_\_\_\_\_ Phone \_\_\_\_\_

Security company address \_\_\_\_\_

Security guard direct contact/cell number \_\_\_\_\_

**Please identify hazardous materials present** (Please attach additional sheets if necessary) \_\_\_\_\_

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**Location of Material Safety Data Sheets** \_\_\_\_\_

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**Other Information:** \_\_\_\_\_

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**Please mail or deliver this form to the:** Kent Police Department  
Attention: Business/Alarm Notification  
319 South Water St.  
Kent, OH 44240