



TCOMM PREMISE INFORMATION FORM

911
Police • Fire • Medical
Your Emergency • Our Priority

Date: _____

Name: _____
Position/Title: _____

Business Name: _____

Address: (Include directional and suite # if applicable. Ex: 1234 Main St SE #4, Olympia)

Business Phone: () Private/back line to business: ()

If this business has moved, please list previous address:

Below is for After Hours Emergency call-out Information
Please list ONLY those with access to the premise. Please include area codes.

First Name	Last Name	Primary Phone	Secondary Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Building Owner & Phone #, if different:

Alarm Company(s): Company Phone Type (Burg/Fire/Etc)

Provide information you wish emergency personnel to have to reach you or find your business, such as: gate codes, hidden key information, *directions if difficult to find*, Knox box locations, etc. (Please note, we cannot accept hidden key info or gate codes for private residences!)

_____ For Office Use Only

Verified by: _____

(Public Safety employee ID/name or badge - **required**)