BUSINESS EMERGENCY CONTACT INFORMATION FORM

Date: ____________________________  Permit No. __________________

To properly serve our community, it is crucial that the emergency contact listings of the City of Laurel Office of Emergency Management and Laurel Police Department be kept up to date. The information that you provide below will only be used by local public safety officials and references listed will only be contacted when necessary. Should you, at any time, desire to make any change in your listing (after an employee’s termination, for example), please contact the Department of the Fire Marshal and Permit Services with the updated contact information. This Office will ensure that the information is provided to the proper agencies in a timely fashion.

Please complete this form and return to:

City of Laurel, Department of the Fire Marshal and Permit Services
8103 Sandy Spring Road
Laurel, Maryland 20707

Business Name: _____________________________________________________________

Corporate/Trade Name: _______________________________________________________

Location Address: __________________________________________________________________

Mailing Address: _______________________________________________________________

Telephone No.: (              )     _____________ - _____________

Persons to be contacted in the event of an emergency: (Please list ONLY persons who have access and knowledge of your business and list in the order that they should be contacted):

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<th>(Name)</th>
<th>(Address)</th>
<th>(Area Code/Phone)</th>
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Alarm Company Information:

Name of Alarm Company: _______________________________________________________

Address of Alarm Company: ___________________________________________________

Telephone No. of Alarm Company: ____________________________________________

FMPS Form #2021-007  Rev. 4/5/21