



Rowlett Police Department
ATTN: CO Wilson/Dispatch
 4401 Rowlett Rd.
 Rowlett, TX 75088
 Email: rwilson@rowlett.com

For Police Dispatch Use only	Date Completed: _____
	Date Received: _____

BUSINESS EMERGENCY CONTACT INFORMATION

Please complete this form (front and back) and return it to our representative at the above listed address. This form can also be found on our website at www.rowlett.com under E-Services Online Forms for Police tab. This information is used in the event of an After-Hours Emergency.

Please fill out a new form if any of the information changes at a later date.

Business Name: _____

Business Type: (circle one) Retail, Service, Mfg, Office, School, Restaurant, Medical or Other

Business Phone Number: _____

Business Address: _____

Business Suite Number: _____

Business Mailing Address: _____

Hours of Operation: _____

Email Address: _____

Number of Employees: _____

Emergency Contacts (Other Than Owner – Must Have At Least One): **Building Key:** **Yes** **No**

1.		Hm: _____	()	()
		Cell: _____		
2.		Hm: _____	()	()
		Cell: _____		
3.		Hm: _____	()	()
		Cell: _____		

Business Owner Information

Owner Name: _____
Owner Business Number: _____
Owner Home Number: _____
Owner Address: _____
Owner City: _____ Owner State: _____

Building Owner Information

Building Owner Name: _____
Building Owner Address: _____
Bldg. Owner City: _____ State: _____
Building Owner Business Number: _____
Building Owner Home Number: _____

Gate Code

Gate Code for building: _____

Business Owner Remarks/Additional Information

