



MANITOWOC COUNTY EMERGENCY SERVICES DIVISION



Jessica Dirkman
Telecommunicator
Manitowoc County Joint Dispatch Center

BUSINESS CONTACT INFORMATION

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

IF USING AN AUTOMATED PHONE SYSTEM, PLEASE PROVIDE A NUMBER THAT WOULD BYPASS THE SYSTEM AND BE ANSWERED BY AN INDIVIDUAL: _____

AFTER HOURS CALL LIST (if possible, please provide a minimum of two):

Table with 5 columns: NAME, TITLE, HOME#, CELL#, PAGER#

Alarm Company (if applicable)

Name _____ Phone # _____

Alarm type: _____

Circle one:

Year round business Seasonal business (from _____ to _____)

Hours of Operation: _____ 24hrs/7days a week

Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____

Name of person completing form: _____

Title: _____ Date: _____