



THIS FORM IS REQUIRED YEARLY FOR EMERGENCY CONTACT PURPOSES
 FILL OUT COMPLETELY AND RETURN TO THE VILLAGE CLERK'S OFFICE
 FAX: 847-781-2627 or MAIL: 1900 Hassell Rd., Hoffman Estates IL 60169



**Hoffman Estates Fire & Police Departments
 Business Emergency Contact Form - PLEASE PRINT**

Business Name: _____ Date: _____

Address: _____ Suite #: _____

HOFFMAN ESTATES, IL Zip Code: _____ Phone: (_____) _____

Type of Business: _____

Business Owner Information

Business Owner Name: _____

Address: _____ Suite: _____

City: _____ State: _____

Zip Code: _____ Phone Number: (_____) _____

Building Owner Information

Building Owner Name: _____

Address: _____ Suite: _____

City: _____ State: _____

Zip Code: _____ Phone Number: (_____) _____

Alarm Information

Name of Burglar Alarm Contractor: _____

Phone Number: (_____) _____

24 Hour Key Holder Information

1. Name: _____ Phone #: (_____) _____

2. Name: _____ Phone #: (_____) _____

3. Name: _____ Phone #: (_____) _____