



# CITY OF SOUTHAVEN

## BUSINESS EMERGENCY CONTACT INFORMATION SHEET

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone (At Premises): \_\_\_\_\_

Contact #1 Name: \_\_\_\_\_

Contact #1 Phone Number: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_

Contact #2 Phone Number: \_\_\_\_\_

Contact #3 Name: \_\_\_\_\_

Contact #3 Phone Number: \_\_\_\_\_

Contact #4 Name: \_\_\_\_\_

Contact #4 Phone Number: \_\_\_\_\_

Contact #5 Name: \_\_\_\_\_

Contact #5 Phone Number: \_\_\_\_\_

Is there an AED at your location? If so, where? YES / NO

\_\_\_\_\_

Do you have a current key for the KNOX Box? YES / NO

(This is used for emergency responders to access the business in case of an emergency.)

Please return this completed form to any Southaven Police Officer, email to [dispatch@southaven.org](mailto:dispatch@southaven.org), or mail to 8691 Northwest Dr. Southaven, MS 38671 ATN: E911 Administrator.