

City of Kent

Emergency Communications Center

Emergency Notification Form

Please fill out all applicable sections of this form, front & back. Please indicate "N/A" for sections that do not apply.

Business/Residence Name: _____

Address: _____

Business/Residence Phone #: _____ On-site Cellular #: _____

Business Email _____ Personal Pager #: _____

Business - normal days/hours of operation: _____

Business - general category/type of activity: _____

Business (after hours) or residence emergency contacts: (Please list in preferred order of contact)

1. Name _____ Position/Relationship _____

Phone _____ Cell Phone _____ Pager _____

2. Name _____ Position/Relationship _____

Phone _____ Cell Phone _____ Pager _____

3. Name _____ Position/Relationship _____

Phone _____ Cell Phone _____ Pager _____

4. Name _____ Position/Relationship _____

Phone _____ Cell Phone _____ Pager _____

5. Name _____ Position/Relationship _____

Phone _____ Cell Phone _____ Pager _____

If your business or residence has an alarm system, please complete the following:

Description of Alarm: (Please check all which apply)

____ Perimeter Intrusion ____ Glass Breakage ____ Interior/Motion ____ Panic/Robbery

____ Fire/Smoke ____ Sprinkler ____ Carbon Monoxide ____ Medical Emergency

____ Automatic Alarm Reset after ____ minutes ____ Alarm requires Manual Reset

____ Knox Box on-premises Location of Knox Box _____

If the alarm is monitored by an alarm company or monitoring center, please provide:

Alarm Company Name _____ Phone _____

Address _____

Monitoring Center (if different from above) _____ Phone _____

(Please complete the reverse side)

If your business or residence has additional security provisions, please complete the following:

(Please check all that apply)

Dog on premises Recorded Video Surveillance

Security Guard Uniformed Marked Vehicle Armed

Normal Days/Hours premises are patrolled

Security company name _____

Security Phone _____

Security company address _____

Security guard direct contact/cell number _____

Please identify hazardous materials present:

(Please attach additional sheets if necessary)

Location of Material Safety Data Sheets:

Other Information:

Please mail or deliver this form to the: Kent Police Department
Attention: Business/Alarm Notification
301 S. Depeyster St.
Kent, OH.44240

(Rev. 10/2018)