

Public Safety Business Contact Information

In an effort to provide the business community with a higher level of service from the Charles County Emergency Services organizations (Sheriff's Office, Fire, and Emergency Medical Services), I am seeking your assistance. The information provided on this form will be entered in our computer system; information obtained in confidential and will only be utilized in case of an emergency. Please take time to fill out the form in its entirety. Please forward completed form to:

Charles County Sheriff's Office

c/o Communications

PO Box 189

LaPlata MD 20646

Fax 301-609-6585

Or e-mail to:

johnsonjm@ccso.us

Name of Business _____

Alternative or Former Business Name _____

Type of Business _____

Street Address _____

Mailing Address _____

Business Telephone Numbers _____

Emergency Contact #1 Name/Title _____

Phone #1 _____ Phone#2 _____

Emergency Contact #2 Name/Title _____

Phone #1 _____ Phone#2 _____

Emergency Contact #3 Name/Title _____

Phone #1 _____ Phone#2 _____

Directions to Business (list businesses next to or cross streets)

Alarm Information

Please circle applicable types of alarms

Intrusion Hold-up Panic Fire Other (specify below)

Alarm Company _____

Address _____

City, State, Zip _____

Phone Number _____