



TCOMM 911

POLICE | FIRE | MEDICAL
Your Emergency – Our Priority

TCOMM 911 PREMISE FORM

Type or Print Legibly

Date: _____

Name: _____

Position/Title: _____

Business Name: _____

Address: (Include directional and suite # if applicable. Ex: 1234 Main St **SE #4**, Olympia)

If this business has moved, please list previous address:

Business Phone: (_____) _____.

After Hours Emergency Call-Out Information:

Please list **ONLY** those with access to the premise. *Please include area codes with telephone numbers.*

	First Name	Last Name	Primary Phone	Secondary Phone
1.				
2.				
3.				
4.				

Building Owner & Phone (if different) _____

Alarm Company(s): _____ **Phone:** _____

Provide information you wish emergency personnel to have to reach you or find your business such as: gate codes, directions if difficult to find, Knox box locations, etc. (Please note we cannot accept hidden key information or gate codes for private residences)

Instructions: Call 360 704 2740 to have the completed form picked up by a Public Safety Representative. Alternately, bring the completed form to your Public Safety Agency. **Do not fax or mail to TCOMM 911.**



Verified By: _____ (Public Safety Name/ID# required)