

**Granite City Police Department**  
**Emergency Business Contact**

**Business Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Business Phone** \_\_\_\_\_

**First Emergency Contact Person:**

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Second Emergency Contact Person:**

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Third Emergency Contact Person:**

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**In the event of any changes to the above list, please contact the Granite City Department as soon as possible.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_