



# *METCOM 9-1-1*

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## RESPONSIBLE PARTY INFORMATION FORM (BUSINESS)

Date

Please complete this form and return it to METCOM by mail, fax, or e-mail, helping us to serve you better by keeping our files up to date. In the event of an alarm or other incident at your business responsible parties will be contacted in the order you have provided herein, and will be asked to respond to the business. Please feel free to add additional comments (i.e.: details concerning your property such as hazards that may be present, AED on scene, etc.) in the space provided. Thank you!

Business Name

Business Phone

Address

Do you have an alarm?    Yes

No

Audible

Silent

Alarm Company

Phone

Please list **AT LEAST THREE** responsible parties that we can contact to respond to an alarm at your business and the order in which they are to be contacted.

Name/Title

E-Mail

Phone #1

Phone #2

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Name/Title

E-Mail

Phone #1

Phone #2

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Name/Title

E-Mail

Phone #1

Phone #2

---

Name/Title

E-Mail

Phone #1

Phone #2

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### ADDITIONAL INFORMATION

**MARION AREA MULTI-AGENCY EMERGENCY TELECOMMUNICATIONS**

1060 Mount Hood Ave., Woodburn, Oregon 97071

Phone (503) 982-2340    Fax (503) 982-2375    supervisors@metcom911.com