



HALL COUNTY 9-1-1
BUSINESS
PREMISE INFORMATION FORM

MAILING ADDRESS:
POST OFFICE BOX 1435
GAINESVILLE, GA. 30503
PHONE:
770.531.6764
FAX:
770.531.3948

Business name: _____ Date: ____/____/____

Business address: _____

Detailed directions to business(i.e.3rd building on the left on street road or name off street road or name).

Description of building(s): _____

Where are the building numbers posted? _____

Is the building visible from the road? Yes: _____ No: _____

Business phone number: (_____) _____

After hours emergency contact: (Please give Primary and alternate persons to contact with appropriate #)

Name: _____ Home number: _____

Cell number: _____

Name: _____ Home number: _____

Cell number: _____

Name: _____ Home number: _____

Cell number: _____

Is your business monitored by an alarm company? Yes: _____ No: _____

If yes, provide name and telephone number of alarm company:

Name: _____ Number: _____

Power company (Provide name): _____

Gas company (Provide name): _____

Please list any hazardous, flammable or combustible materials used, stored or manufactured on premises:

Is there a knox box on premise? Yes: _____ No: _____

If yes, please indicate where: _____

Additional comments: _____

Please fill out and return within two business days to:

MAIL:

POST OFFICE BOX 1435

GAINESVILLE, GEORGIA 30501

OR

FAX:

770.531.3948