

BUSINESS CONTACT INFORMATION

Business Owner - This form is used by Newaygo County 911 Central Dispatch to contact a business owner or representative when a law enforcement, fire department, or EMS event has occurred and the business is closed. This form can be completed electronically and/or printed for e-mail, fax, or traditional mail submission.

*** PLEASE FAX ANY CHANGES IMMEDIATELY ***

To submit by **E-mail** send to:

To submit by **Fax** send to: 231-689-7348

To send via postal mail send to: Newaygo County 911

Box 885 1018 E Newell White Cloud, MI 49349

Busi	ness Name: ness Address: Zip Code:								
Business Phone:		()	_		FAX Number: ()	-	
Hou	rs of Operation:								
	m Company: m Co Phone:	<u></u>)						
Key	Holder(s) – Name	e/Title	and F	Phone	Num	ber:			
#1	Name:								
	Contact Numbe	r:	()	-				
#2	Name:								
	Contact Numbe	r:	<u>(</u>)	-				
#3	Name:								
	Contact Numbe	r:	()	-				
#4	Name:								
	Contact Numbe	r:	()	_				