



TCOMM PREMISE INFORMATION 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)

Business Phone: () _____

If this business has moved, please list previous address:

Below is for After Hours Emergency call-out Information
Please list **ONLY** those with access to the premise. Please include area codes.

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

Building Owner & Phone #, if different: _____

Alarm Company(s): Company _____ Phone _____ Type (Burg/Fire/Etc) _____

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 info or gate codes for private residences!)

Instructions: Bring the completed form to your local Public Safety Agency, or phone your local Law Enforcement office to have a representative pick up the completed form. **Do NOT mail/fax to TCOMM.**

_____ **Below For Office Use Only** _____

Verified by: _____ (Public Safety ID/name or badge - **required**)