



Executive Director
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Central Communications, Inc.

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Board of Directors
Shawn Glaspell
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Steve Ritter

KEYHOLDER INFORMATION

Please fill out the following information and return it to Central Communications, Doddridge/Ritchie 911 Center, as soon as possible. Please mail forms to the 911 Center, submit by email, or hand deliver to the Center. Please do not fax. Accurate information will ensure timely notification of any incidents involving your business(es). If any information changes at anytime, please contact us as soon as possible so we can have the most up to date information. The following information will be kept confidential. Please complete both front and back.

Name of Business/Residence: _____

Mailing Address of Bus/Res: _____

Physical Address of Bus/Res: _____

Phone Number of Bus/Res : _____

Hours of Operation: _____ **Submission Date:** _____

Owner(s) and Phone Numbers:

1) Name: _____ **Home :** _____

Cell : _____ **Other :** _____

2) Name: _____ **Home :** _____

Cell : _____ **Other :** _____

Emergency Contacts (in order of priority):

1) Name: _____ **Home :** _____

Cell : _____ **Other :** _____

2) Name: _____ Home : _____

Cell : _____ Other : _____

3) Name: _____ Home : _____

Cell : _____ Other : _____

Description of building: (Printed floor plans or drawings may be included):

If alarmed, name of alarm company & type of alarm(s):

*Please include a copy of alarm monitoring service agreement with contact information for the alarm company.

Any pertinent information regarding the property (MSDS Sheets may be included as attachments):

Fire Department Information:

Is the building equipped with automatic sprinklers? _____

If yes, where is the fire department connection?
