



# **Business Emergency Contact Personnel**

*City of Millington Police Department*

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Business Name

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Street Address

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Business Phone Number(s)

Alarm System:  Yes  No

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Name of Alarm Company

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Phone Number

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Business Owner/Manager

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Phone Number

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Assistant Manager

---

Phone Number

**Please list below personnel to be contacted by the Millington Police Department in the event of an emergency after business hours.**

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1st Contact

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Phone Number

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2nd Contact

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Phone Number

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3rd Contact

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Phone Number

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4th Contact

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Phone Number