

2008 Minturn Business Emergency Contact Information:

(Note: It is required to list 2 emergency contacts other than the owner)

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|--------------------------|--------------------------|
| BUSINESS NAME: | PHONE NUMBER: |
| | |
| PHYSICAL ADDRESS: | |
| | |
| MAILING ADDRESS: | |
| | |
| | |
| #1 CONTACT NAME: | PHYSICAL ADDRESS: |
| | |
| HOME PHONE: | |
| | |
| CELL PHONE: | BUSINESS PHONE: |
| | |
| #2 CONTACT NAME: | PHYSICAL ADDRESS: |
| | |
| HOME PHONE: | |
| | |
| PAGER/CELL PHONE: | BUSINESS PHONE: |
| | |
| #3 CONTACT NAME: | PHYSICAL ADDRESS: |
| | |
| HOME PHONE: | |
| | |
| PAGER/CELL PHONE: | BUSINESS PHONE: |
| | |
| ALARM COMPANY: | |
| | |
| NAME OF COMPANY: | PHONE NUMBER: |
| | |
| ADDRESS OF COMPANY: | |
| | |

I understand that one of the above named emergency contacts will be required to respond to the business establishment within 45 minutes of contact by the Minturn Police or Fire Department. This is based on an emergency situation at the above mentioned business. I also understand that I am required to notify the Minturn Police and Fire Departments of any changes in the information contained herein.

Signature of Responsible Party

Date