BUSINESS PREMISE FORM
(**PLEASE PRINT CLEARLY AND LEGIBLY)

Please return completed form - Attention: Communications Center by:
email businessinfo@elpasoco.com; fax (719) 391-8917; or mail to: 27 E. Vermijo Ave.,
Colorado Springs, CO 80903

Date: ___________________

Business Name: ____________________________________________________________

Business Address: _______________________________________________________ Suite: ______

Business Phone: ___________________________ Alt #: ____________________________

Days & Hours of operation: ________________________________________________

Alarm Company & Phone #: ________________________________________________

Hazardous materials: Y / N (**If YES please notify your local fire department with the
details.)

AFTER HOURS CONTACTS

1. Name/position: __________________________________________________________
   Home #: __________________ Home #: __________________ Cell #: __________________
   Cell #: __________________

2. Name/position: __________________________________________________________
   Home #: __________________ Home #: __________________ Cell #: __________________
   Cell #: __________________

3. Name/position: __________________________________________________________
   Home #: __________________ Home #: __________________ Cell #: __________________
   Cell #: __________________

**PLEASE KEEP US INFORMED OF ANY CHANGES TO THE ABOVE
INFORMATION SO THAT WE CAN BETTER SERVE YOU. THANK YOU