



# BUSINESS CONTACT INFORMATION

Any information provided on this form will be kept in strict confidence. Information will only be used by Waltham Police, Fire, and Dispatch personnel to contact individuals if an emergency occurs outside of normal business hours.

Please send any questions or completed forms to [911business@city.waltham.ma.us](mailto:911business@city.waltham.ma.us)  
 or fax to (781) 314-3624

**\*=Required Fields**

## BUSINESS INFORMATION

Business Name*:			
Business Address*:		Suite/Unit*:	
Business Phone*:		Fax Number:	
After-Hours Phone:	(After-Hours Phone is answered when business is closed)		

## OWNER INFORMATION

Owner Name(s)*:			
Owner Address:			
City, State, Zipcode:			
Home Phone:		Cell Phone*:	

## KEYHOLDER INFORMATION

1st Contact Name*:			
Home Phone*:		Cell Phone*:	
2nd Contact Name:			
Home Phone:		Cell Phone:	
3rd Contact Name:			
Home Phone:		Cell Phone:	
(continue, if applicable:)			
4th Contact Name:			
Home Phone:		Cell Phone:	
5th Contact Name:			
Home Phone:		Cell Phone:	

**\*Please note it is the responsibility of the business owner or manager to notify their phone service provider of any name or address changes in addition to notifying the Waltham 911 Department.**