

RiverCom 911

PO Box 3344, Wenatchee, WA 98807 (509) 662-4650 | <u>www.rivercom911.org</u>

Doug JonesExecutive Director

To Whom It May Concern:

We at RiverCom 911 strive to provide the best service possible while supporting the community. It is important to update our files with the most current contact information for your business. This information will be used to notify you of any problems at the location after hours (e.g. alarms, fires, burglaries, etc.).

RiverCom911 dispatches for Chelan and Douglas Counties, including law enforcement, fire departments and emergency medical. Please complete the attached forms entirely to provide us with the best resources to contact a responsible person in the event of an emergency.

We appreciate your cooperation and if you have any further questions, please feel free to contact us 24/7 via phone, fax, or email. Please update us any time this contact information changes so there is no delay in contacting a responsible person.

Karrie Atkinson, Telecommunicator/Premises Contact P.O. Box 3344
Wenatchee, WA 98807
(509) 663-9911 24/7 dispatch line
(509) 662-4669 fax
rivercom@rivercom911.org



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Premise Contact Information Form

We request your date of birth and address to verify that we have the correct person, and contact information.

Please fax or email the completed form to RiverCom 911 at (509) 662-4669 or email at rivercom@rivercom@rivercom911.org

Business Name:	
Business Physical Address:	
Business Physical Address:	
Business Phone:	
Business Fax:	
Is there an alarm system? - Yes or No	
If yes is the alarm for - Fire or Burglary or Both	
Alarm Company Name and phone number:	
Emergency Contact info*:	
Contact 1 Full Name/Title	* Date of Birth
Home Address	
Home Phone	
Cell Phone	
Contact 2 Full Name/Title	* Date of Birth
Home Address	
Home Phone	
Cell Phone	



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Additional contacts if necessary

Emergency Contact info:

Contact 3 Full Name/Title	* Date of Birth
Home Address	
Home Phone	
Cell Phone	
Contact 4 Full Name/Title	* Date of Birth
Home Address	
Home Phone	
Cell Phone	
Contact 5 Full Name/Title	* Date of Birth
Home Address	
Home Phone	
Cell Phone	
Contact 6 Full Name/Title	* Date of Birth
Home Address	
Home Phone	
Cell Phone_	