

****EMERGENCY NOTIFICATION LIST****

Date of Current Information: _____

Building Name/Number: _____

Unit Name/Number: _____

Location/Address: _____

****SPECIAL INSTRUCTIONS****

(Does your Building have any of the following? Check ALL that Apply)

ALARM: _____ Yes _____ No ARMORY: _____ Yes _____ No

MONITORED: _____ Yes _____ No

Notes: _____

****CONTACT LIST****

(List Contacts in **Order of Priority**, who is to be called First to Last)

1.Name (First & Last) _____ Phone: _____

2.Name (First & Last) _____ Phone: _____

3.Name (First & Last) _____ Phone: _____

4.Name (First & Last) _____ Phone: _____

5.Name (First & Last) _____ Phone: _____

(This information must be kept up to date and on file with the Camp Robinson Police Department)

Please Email to: pamela.cleveland@arkansas.gov or bring to the Camp Robinson Police Department)