



The Town of
**Leesburg,
Virginia**



65 Plaza Street, N.E. • 20176 • 703-771-4500 • Police Department • FAX: 703-771-4545 • www.leesburgva.gov

Business Emergency Contact Form

Business Name: _____ **Date:** _____

Business Address: _____

Business Telephone Number: _____

Emergency Contact/Key Holders:

1. _____ **Position:** _____
(First and Last Name) (Employee, Manager, etc.)

Home Number _____ **Cell Number** _____

2. _____ **Position:** _____
(First and Last Name) (Employee, Manager, etc.)

Home Number _____ **Cell Number** _____

3. _____ **Position:** _____
(First and Last Name) (Employee, Manager, etc.)

Home Number _____ **Cell Number** _____

4. _____ **Position:** _____
(First and Last Name) (Employee, Manager, etc.)

Home Number _____ **Cell Number** _____

5. _____ **Position:** _____
(First and Last Name) (Employee, Manager, etc.)

Home Number _____ **Cell Number** _____

Please return by fax to (703) 771-4531 or bring or mail the form to:
Leesburg Police Department
Attn: ECC Business Emergency Contacts Processor
65 Plaza Street, NE
Leesburg, VA 20176