

EMERGENCY NOTIFICATION

SPECIALTY LICENSE EMERGENCY NOTIFICATION

Please indicate below the primary and alternate contacts that Shopping Center Security should contact in the event of an after-hours emergency involving your location.

MERCHANT INFORMATION

Store Name:

Store Phone #:

Store Fax #:

Manager Name:

Manager Contact #:

Assistant Name:

Assistant Contact #:

Please list the names of personnel who are key holder in the order of contacting. This information is required by Mall Manager and Public Safety in the event of an emergency.

OTHER STORE CONTACTS

Key Holder #1:

Phone #:

Key Holder #2:

Phone #:

CORPORATE OFFICE CONTACTS

District/Regional Manager

Company Name:

Phone #:

Address:

Fax #:

Home Office Contact Name:

Company Name:

Phone #:

Address:

Fax #:

Other Contact Name:

Company Name:

Phone #:

Address:

Fax #: