

BUSINESS INFORMATION

PLEASE PRINT

DATE _____

BUSINESS _____ ADDRESS _____

MANAGER/OWNER _____ BUSINESS PHONE _____

List in order name(s) of person(s) to be contacted in case of emergency.

(1) NAME _____ PHONE _____

ADDRESS _____

(2) NAME _____ PHONE _____

ADDRESS _____

NOTE: IF YOU CHANGE ANY PERSON ON THIS CARD, PLEASE NOTIFY THE REVENUE DEPARTMENT AT (256) 442-2511.