Bottineau County Sheriff's Office

911 Dispatch - Business Alarm System Contact Information

Business Information:

Name: _____   Premise Phone Number:_____

Physical Address: _____   City: _____

Regular Business Hours:

Mon:_____   Tues: :_____   Wed:_____   Thurs:_____   Fri: :_____   Sat:_____   Sun: :_____

Owner/General Manager:

Name: _____

Cell Phone: _____   Alternate Phone #: _____

Alarm System Information

Alarm Company:_____   Contact Number: _____

Zone Locations: Please provide zone or sensor locations or a map for sensor locations.
Also list any other special premise information or provide code language/meanings for dispatch (Banks).

IE.- Zone 1 = Front Lobby / Zone 2 = Back Entry

Contact List – Calls will be placed in order until dispatch reaches someone.

1. Name:_____   Title:_____

    a. Phone Number:_____   Alternate Number:_____

2. Name:_____   Title:_____

    a. Phone Number:_____   Alternate Number:_____

3. Name:_____   Title:_____

    a. Phone Number:_____   Alternate Number:_____

4. Name:_____   Title:_____

    a. Phone Number:_____   Alternate Number:_____

5. Name:_____   Title:_____

    a. Phone Number:_____   Alternate Number:_____

Please mail or drop off this document at the 911 Dispatch Center at 314 5th Street W, Suite 4, Bottineau ND, 58318