



# SPEARFISH POLICE DEPARTMENT

Communications (605)642-1300  
FAX (605)642-1315

Administration (605)642-1305  
FAX (605)642-1316

To Business Owner or Manager,

You are receiving this letter because you are in our emergency response area for Fire, EMS and/or Law Enforcement. We are in the process of updating our records to ensure we have accurate contact information in case of an emergency. On the reverse side you will find a form we are asking you to fill out and return to the Spearfish Public Safety Dispatch Center located at the Spearfish Police Department.

Please return this form by one of the following methods:

Mail to: 625 N. 5<sup>th</sup> St  
Spearfish, SD 57783

Drop off at: 225 W. Illinois St  
Spearfish, SD 57783

E-mail to: [scott.vinton@cityofspearfish.com](mailto:scott.vinton@cityofspearfish.com)

Fax to: 605-642-1315

Thank you for your cooperation. This form will allow us to make contact with you in a timely manner in the case of an emergency after your regular business hours. In addition the information provided will, in no manner, be released to anyone outside of our department.

If you have any questions regarding this please call the Spearfish Public Safety Dispatch (Police Department) at 605-642-1300.

Scott Vinton  
Dispatch Supervisor  
Spearfish Police Department

**SPEARFISH PUBLIC SAFETY DISPATCH CENTER  
BUSINESS FILE UPDATE**

Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

*Mailing Address if different* \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Alternative Business Phone Number \_\_\_\_\_

**Business E-mail** (please print clearly) \_\_\_\_\_

*(If e-mail is provided we will attempt to contact you next year via e-mail, the e-mail will come from officers.name@cityofspearfish.com)*

**Contact Person:**     *please mark X who should be the primary contact*

[ ] Owner Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

[ ] Manager Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

[ ] Key Holder \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

[ ] Key Holder \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

[ ] Key Holder \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

[ ] Building Owner \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alarm Company \_\_\_\_\_ Phone Number \_\_\_\_\_

*Please circle:*

Knox Box: Yes \ No,     Dog on Premises: Yes \ No,     Seasonal: Yes \ No

AED On Location: Yes \ No...If Yes Location \_\_\_\_\_

*(Automatic External Defibrillator)*

**Hours of Operation:**    Open 24 hours a day: Yes \ No

Monday \_\_\_\_ - \_\_\_\_, Tuesday \_\_\_\_ - \_\_\_\_, Wednesday \_\_\_\_ - \_\_\_\_, Thursday \_\_\_\_ - \_\_\_\_, Friday \_\_\_\_ - \_\_\_\_,

Saturday \_\_\_\_ - \_\_\_\_, Sunday \_\_\_\_ - \_\_\_\_,

**Hazardous Material:**    Yes \ No...If yes please provide **Hazmat Type, Quantity, and Location:**

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**Thank you for providing us with this information. We will ask you to provide us with this information annually to ensure we have accurate and current records. We will, in no manner, release this information to anyone outside of our department. If you have any questions, please call the Spearfish Police Department at 642-1300.**