



American Preparedness

A Service Disabled Veteran Owned Business

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Emergency Contact List - BUSINESS

Out-of-state contact:

Name _____

Address _____

Phone (day) _____

Evening (evening) _____

Local Contact:

Name _____

Address _____

Phone (day) _____

Evening (evening) _____

Landlord or facilities:

Name _____

Address _____

Phone (day) _____

Evening (evening) _____

Email: _____

Police _____

Fire _____

Hospital _____

Poison Control _____

Employee 1:

Name _____

Cell phone _____

Home phone _____

Employee 2:

Name _____

Cell phone _____

Home phone _____

Employee 3:

Name _____

Cell phone _____

Home phone _____

 U.S. General Services Administration **GS075616P**

Employee 4:

Name _____

Cell phone _____

Home phone _____

Employee 5:

Name _____

Cell phone _____

Home phone _____

Employee 6:

Name _____

Cell phone _____

Home phone _____

Employee 7:

Name _____

Cell phone _____

Home phone _____

Employee 8:

Name _____

Cell phone _____

Home phone _____

Employee 9:

Name _____

Cell phone _____

Home phone _____

Employee 10:

Name _____

Cell phone _____

PLEASE -Prepare yourself, friends and colleagues.

1. Prior to filling out this form make copies to share with everyone you know.
2. Fill out your form and place it in an accessible location.
3. E-mail us to receive it electronically to pass it along.