



Laramie/Albany County Records & Communication Division
PO Box C
Laramie, Wyoming 82073

24-Hour Dispatch (307) 721-2526
Administration (307) 721-5308
Fax (307) 721-5329
Capplehans@cityoflaramie.org

To provide better service, please assist us by providing name, home address, and home phone number of responsible employees who we can contact in the event of after-hours emergencies. Please provide at least two people that can be contacted. These employees should have keys and any alarm codes to the business. Thank you for your cooperation.

Business Name: _____ Date: _____

Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email Address: _____ General Operating Hours: _____

- Please check if there is a surveillance camera for the business.
- Please check if there is an alarm system. If checked, please give alarm company information and phone number _____.
- Please check if there is an AED (defibrillator) on site. If checked, please give location _____.

Responsible parties in order of calling preference:

1. Name _____
Address _____
Home Phone _____ Cell Phone _____
2. Name _____
Address _____
Home Phone _____ Cell Phone _____
3. Name _____
Address _____
Home Phone _____ Cell Phone _____
4. Name _____
Address _____
Home Phone _____ Cell Phone _____

This form can be faxed to 307-721-5329, emailed, mailed to the address above, or electronically completed at www.cityoflaramie.org/pdfforms.