

City of Pullman

260 SE Kamiaken, Pullman, WA 99163
(509)334-0802 / Fax (509) 332-0829



Your Public Safety Team
Pullman Police Department & Whitcom911 Dispatch Center

Please provide complete information as requested below. Remember, we need full names, not nicknames, and dates of birth to keep these name records from being compromised.

Premise/Business Information:

Premise (Business) Name: _____

Business Phone: _____ Fax: _____

Physical Address: _____ Pullman, WA 99163

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Business Type (check all that apply):

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Bank/Financial | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Fuel / Gas Distributor | <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Real Estate / Property Management | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail | |

Other: _____

Business Owner Name Information:

Last: _____ First: _____ Middle: _____

Date of Birth: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact Information:

List contacts in the order you want them to be called in case of an emergency. If the owner is an emergency contact, please list them again. Remember, we need full names, not nicknames, and dates of birth to keep these name records from being compromised.

1st Contact:

Last: _____ First: _____ Middle: _____

Date of Birth: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

2nd Contact:

Last: _____ First: _____ Middle: _____

Date of Birth: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

3rd Contact:

Last: _____ First: _____ Middle: _____

Date of Birth: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

**Return completed form to:
Pullman Police Department
Attn: Penni Reavis
260 SE Kamiaken St.
Pullman, WA 99163**