

Date submitted : _____

To: ALL CAMPUS/UCDHS UNITS

Re: **EMERGENCY CALL LIST**

To ensure proper notification in the case of an emergency, it is imperative that the UC Davis Police Dispatch Center have current and correct contact information on file. Please list at least three people you wish to be contacted in the event of an emergency affecting your department. Include office and home telephone numbers and a mobile phone number if possible. All telephone numbers will remain confidential. For campus locations, please indicate if the contact person is a departmental Safety Coordinator or alternate. In addition to submitting this form, please notify the UC Davis Police department whenever changes in contact person or numbers occur.

Department Name: _____

Location/Address: _____

Name	Office	Home	Cell Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Safety Coordinator Information

Name	Office	Home	Cellphone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Submit completed form to:
 UC Davis Police Department
 Police Fire Building
 One Shields Avenue
 Davis, CA 95616
 Email: letgarcia@ucdavis.edu
 FAX: 530-752-3216

Thank you for your cooperation.

FOR POLICE USE ONLY

Date Received _____