

Board of County Commissioners

Ben Hill County, Georgia

212 E. Central Ave
Fitzgerald, Georgia 31750
Phone: (229) 426-5100
[https: www.benhillcounty-ga.gov](https://www.benhillcounty-ga.gov)

Hal Wiley, Chairman	
Hope Harmon, Vice-Chair	Hampton Raulerson, County Manager
Bennie Calloway, Member	Pamela D. Turner, County Clerk
John Mooney, Member	Nick Kinsley, County Attorney
Daniel Cowan, Member	Georgia Rimes, E-911 Director

Ben Hill County Business Emergency Information

Ben Hill County E-911 is updating the business license emergency database at the E-911 call center. It is crucial that all business owners complete and return the following form to the designated contact persons below. In case of an emergency occurring after normal business hours, please do not list the business phone number as an emergency contact.

Non-Emergency Contact Information:

E-911
255 Appomattox Rd Suite A
Fitzgerald, GA 31750
Phone: 229-426-5111
Fax: 229-426-5130
Email: georgia.rimes@benhillcounty-ga.gov

Important Notes:

- It is your responsibility as a business owner to keep this information updated.
- Correct information is crucial for 911 dispatchers to accurately send Public Safety to the correct location or contact the appropriate person during emergencies.
- If your business changes location, please contact Ben Hill County E-911 for further instructions.

Your cooperation in updating this information is greatly appreciated. For any assistance or questions, please contact Ben Hill County E-911 at the provided non-emergency phone number or email addresses.

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EMERGENCY BUSINESS LISTING INFORMATION

(FORM MUST BE FILLED OUT COMPLETELY)

COMMERCIAL HOME BASED RURAL SPECIAL USE

BUSINESS NAME: _____ DATE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS CONTACT/MANAGER: _____ CONTACT NUMBER: _____

MAILING ADDRESS: _____

NAME AND TELEPHONE NUMBER OF ALARM COMPANY: _____

NORMAL HOURS OF OPERATION: _____

Is there an Automatic External Defibrillator (AED)? YES NO If Yes:

Make: _____ Model: _____ Serial # _____

Location of AED: _____

IN CASE OF EMERGENCY CONTACT

(AT LEAST THREE PEOPLE AT DIFFERENT LOCATION WITH PHONE NUMBERS)

*****PLEASE DO NOT USE THE BUSINESS PHONE NUMBER****

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

COMMENTS: _____

