

ALTERNATE LOCATION PLAN

Alternate Location:

Street Address:

City, State, Zip:

Building Owner/Manager:

Phone: Alternate Phone:

Email: _____ Pager: _____

Directions to alternate location (include map if available)

Directions to alternate location (include map if available)

Business functions to be performed at alternate location:

Employees who should go to alternate location:

If this location is not accessible we will operate from location below:

Secondary Alternate Location Name:

Address:

City/State/Zip:

Telephone Number / Email:

Security Badges / Access Codes required for alternate location Procedure for security processing

** Maintain a copy of the alternate location's lease/rental agreement or occupancy details as part of this plan

ALTERNATE LOCATION SUPPLIES

Supply items that are necessary for essential equipment such as cartridges, fluids, special forms and checks that may be available at an alternate location

Item	Item Order Number	Quantity	Supplier/Vendor	Related Business Function

MISCELLANEOUS ALTERNATE LOCATION RESOURCES

Item	Quantity	Primary Supplier/Vendor	Alternate Supplier/Vendor	Recovery Install Location
Chairs				
Desks				
Extension/ drop cords, surge protectors and power strips				
File Cabinets				
Mail Containers				
Portable air conditioners/ fans				
Safes				
Tables				
Waste Baskets				
Other				