



Police Department

EMERGENCY CONTACT INFORMATION FOR POLICE & FIRE

Business: _____

Address: _____

Phone: _____

Fax: _____

List the names and telephone numbers of three employees or other keyholders, in the order they are to be contacted in an emergency, during hours the business is closed.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Does your business have an alarm system? Yes No

If yes, what type of system is used? Robbery Yes No

Burglary / Intrusion Yes No

Fire Alarm Yes No

ALARM COMPANY: _____ PHONE: _____

DATE THIS FORM WAS COMPLETED: _____