



Your Police Department

Address, Telephone, Fax, Website

Today's Date

Name of Person Completing Form

Business Emergency Contact Form

Business Name Telephone Number

Street Address

1st Contact Name Position

1st Contact Home Tel. 1st Contact Cell Tel. 1st Contact Other Tel.

1st Contact Address

2nd Contact Name Position

2nd Contact Home Tel. 2nd Contact Cell Tel. 2nd Contact Other Tel.

2nd Contact Address

Does This Business Have a Burglar Alarm, Hold Up Alarm, Fire Alarm or Video Surveillance?

Is the alarm Monitored? Name of Monitoring/Alarm Company and Tel. No.

Is there any combustible or hazardous materials stored on site? Please list.

Would you like to have a security evaluation done of your premises?

Additional Notes or Comments

Notes:
Contacts should be key holders of the premises.

If a contact changes please advise (Your Name) Police Department without delay.

(Your Name) Police Department Office Use Only. Information Verified Has this information been added to the BEC database? Date Entered Your Badge No. Your Name.

Completed On Line Dropped Off In person

Personal information collected is pursuant to Freedom of Information and Privacy Protection legislation and will be used to contact business owners or their designate(s) in the event of an emergency.

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