



PAGEDALE POLICE DEPARTMENT

Business Emergency Contact Information Form

		DATE
BUSINESS INFORMATION		
NAME		
ADDRESS		
TELEPHONE NUMBER(S)	WEBSITE	
NUMBER OF EMPLOYEES	HOURS OF OPERATION	
OWNER / PRIMARY CONTACT INFORMATION		
NAME / TITLE	TELEPHONE NUMBER	
EMAIL ADDRESS		
FIRST EMERGENCY CONTACT PERSON		
NAME / TITLE	TELEPHONE NUMBER	
SECOND EMERGENCY CONTACT PERSON		
NAME / TITLE	TELEPHONE NUMBER	
THIRD EMERGENCY CONTACT PERSON		
NAME / TITLE	TELEPHONE NUMBER	
ALARM INFORMATION		
DOES THE BUSINESS HAVE AN ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES ALARM TYPE: <input type="checkbox"/> FIRE <input type="checkbox"/> BURGLAR <input type="checkbox"/> BOTH	
ALARM COMPANY NAME	ALARM COMPANY TELEPHONE NUMBER(S)	
CAMERA INFORMATION		
DOES THE BUSINESS HAVE CAMERAS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES CAMERA LOCATIONS: <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/> BOTH	
VIDEO RETENTION PERIOD IN DAYS	IS THE VIDEO AVAILABLE UPON REQUEST?	
SPECIAL INSTRUCTIONS / REMARKS		
PERSON COMPLETING FORM		
NAME / TITLE	EMAIL ADDRESS	