SCOTIA POLICE DEPARTMENT
EMERGENCY CONTACT FORM

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

OWNERS NAME: _____

EMERGENCY CONTACTS: LIST IN THE ORDER THEY SHOULD BE CALLED

1. _____
NAME ADDRESS PHONE

2. _____
NAME ADDRESS PHONE

3. _____
NAME ADDRESS PHONE

NAME OF ALARM COMPANY: _____

ALARM COMPANY PHONE #: _____

TYPE OF ALARM:

AUTO DIALER _____
OUTSIDE BELL _____
SILENT _____
OTHER _____

ALARMED AREA

PERIMETER _____
VAULT _____
FIRE/SMOKE _____
HOLD UP _____
OTHER (SPECIFY) _____

ANY OTHER PERTINENT INFORMATION ABOUT YOUR BUILDING *(ie, HAZMAT dangers, or any other dangerous areas.)*

_____
_____
_____
_____