

# BOW POLICE DEPARTMENT

## BUSINESS EMERGENCY CONTACT INFORMATION

To help the Bow Police Department better serve you, please provide us with the following information. We will use this information if there is an immediate need to contact you about an emergency at your business.

Business name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite / Door #: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Business Email: \_\_\_\_\_ **Burglar Alarm Installed?** Yes  No

**Surveillance Cameras?** Yes  No

Alarm Company: \_\_\_\_\_ Alarm Company Phone #: \_\_\_\_\_

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### **Contact List: - Please put in the order you would like us to contact.**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email: \_\_\_\_\_

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### **Are there any hazardous materials or areas of the business we should be aware?**

YES  NO

**List of materials:** \_\_\_\_\_

Owner / Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_