

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 #: _____

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: _____

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

YES ☐ NO ☐

List of materials: _____

Owner / Manager Signature: _____ Date: _____