

# NEW HAMPTON POLICE DEPARTMENT

## Emergency Contact/Security Information

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Directions: \_\_\_\_\_

### Business Hours

	SUMMER		WINTER	
	Open	Close	Open	Close
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CONTACT PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY: (Please list at least 2 persons who have keys and are able to respond; please list in order to be called.)**

1. \_\_\_\_\_ Telephone: \_\_\_\_\_

2. \_\_\_\_\_ Telephone: \_\_\_\_\_

3. \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have an after-hours cleaning service? **YES NO** Name: \_\_\_\_\_

Does anyone else have access to your business? If so, who? \_\_\_\_\_

**ALARM SYSTEM? If yes, please complete the back side of this form.**

Form completed by:

Date:

**NEW HAMPTON POLICE DEPARTMENT**

**Alarm Information**

**Business Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Type of Alarm:                      Audible                      \_\_\_\_\_  
   Silent                        \_\_\_\_\_  
   Burglary                     \_\_\_\_\_  
   Panic/Hold Up \_\_\_\_\_  
   Fire                         \_\_\_\_\_

Alarm Monitoring Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

If there are any contacts **different from those listed on the front**, please list them here:

1. \_\_\_\_\_ Telephone: \_\_\_\_\_

2. \_\_\_\_\_ Telephone: \_\_\_\_\_

3. \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please give us any information that may help us do our job better in case there is an alarm in your business, such as an automatic reset, any special sensitivities, or any specific areas of the building that are alarmed.**

Form completed by:

Date: