



### Emergency Contact Information

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

**Normal Hours of Operation:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Owner/Manager Name: \_\_\_\_\_

Owner/Manager Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Are Flammable materials and/or Liquids used or stored on the premises: Yes: \_\_\_ No: \_\_\_

Are hazardous materials or explosives used or stored on the premises: Yes: \_\_\_ No: \_\_\_  
(If Yes for the last two questions, supply a copy of your firms Hazardous substance survey forms)

Alarm Company Name: \_\_\_\_\_

Alarm Company Phone Number: \_\_\_\_\_

Type of alarm: \_\_\_\_\_

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Name and phone numbers of person(s) to contact in the event of an emergency  
(List names in the order they should be called, if they are to be contacted.)

1. Name \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_
  
2. Name \_\_\_\_\_  
 Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

The above information is Confidential and is to be used only by the Chalfont Borough Police Department in the event we need to contact someone from your company.