



MILTON POLICE DEPARTMENT BUSINESS EMERGENCY CONTACT FORM



Business Name: _____ **Telephone #:** _____

Physical numerical street address including any PO Box number of your business:

Owners name: _____ **Contact number:** _____

What are your normal operating hours? _____

Does your business have a safe? **Yes** **No**

Does your business have an alarm system? **Yes** **No** **Is it an audible:** **Yes** **No**

What type: (circle all that conform) **Burglary** **Panic** **Smoke** **Fire**

What is the Alarm Co. name: _____ **Telephone #** _____

Does your business have video surveillance? **Yes** **No**

Please provide a list of contact telephone numbers for contact person(s) in the event of an alarm. List them in the order that you would like them contacted.

	NAME	Telephone number(s) or pager(s)
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

Signature: _____ **Date:** _____

Note: Please use the reverse side of this form for any miscellaneous information that you feel we did not cover or that you feel we need to know. The information contained on this form will not be made public. It will remain on file at the police department.