

**Elizabethtown Police Department
BUSINESS EMERGENCY CONTACT LISTING**

Business/Organization Name: _____

Street Address: _____ **Mailing Address:** _____
Elizabethtown, PA 17022 **City:** _____ **PA, Zip:** _____

Type of Business: _____

Business Phone: _____ **Business E-mail:** _____

PERSONS TO CONTACT IN CASE OF EMERGENCY

#1 Name: _____ **Phone #** _____ **Cell #** _____

#2 Name: _____ **Phone #** _____ **Cell #** _____

#3 Name: _____ **Phone #** _____ **Cell #** _____

#4 Name: _____ **Phone #** _____ **Cell #** _____

- Alarm systems: YES NO If yes: Silent Audible
- Type of alarm(s): Burglar Fire Hold-up Panic Motion Other _____
- Name of alarm company: _____
- 24 Hour telephone number for the alarm company: () _____ - _____
- Recorded surveillance cameras: YES NO
- If yes: Inside Outside Drive-thru Other _____
- Storage format: Digital VHS Other _____
- Duration of video surveillance storage/loop: _____
- Are firearms stored on site: YES NO If yes: Handgun Rifle Shotgun
- Is ammunition stored on site: YES NO

Do you have a safe? YES NO **If yes, explain its location:** _____

Hazardous materials, list type and location(s): _____

Normal business hours: _____

Other special instructions: _____

Branch or corporate security contact name: _____ **Phone #** _____

Name of person submitting: _____ **Date:** _____

**RETURN THIS FORM TO: Elizabethtown Police Department
600 South Hanover Street
Elizabethtown, PA 17022**

~~~~~ **POLICE USE ONLY** ~~~~~

1. VA Entry Review (Date/Initials) \_\_\_\_\_ / \_\_\_\_\_ Faxed to LCWC (Date/Initials): \_\_\_\_\_ / \_\_\_\_\_
2. VA Entry Review (Date/Initials) \_\_\_\_\_ / \_\_\_\_\_ Faxed to LCWC (Date/Initials): \_\_\_\_\_ / \_\_\_\_\_
3. VA Entry Review (Date/Initials) \_\_\_\_\_ / \_\_\_\_\_ Faxed to LCWC (Date/Initials): \_\_\_\_\_ / \_\_\_\_\_
4. VA Entry Review (Date/Initials) \_\_\_\_\_ / \_\_\_\_\_ Faxed to LCWC (Date/Initials): \_\_\_\_\_ / \_\_\_\_\_