

**Elizabethtown Police Department
BUSINESS EMERGENCY CONTACT LISTING**

Business/Organization Name: _____

Street Address: _____	Mailing Address: _____
Elizabethtown, PA 17022	City: _____ PA, Zip: _____
Business Phone: _____	Type of Business: _____
Business E-mail: _____	

PERSONS TO CONTACT IN CASE OF EMERGENCY

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

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

#3 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 on site?: YES NO List type and location(s): _____

Normal business hours: _____

Other special instructions: _____

Branch or corporate security contact name: _____ Phone # _____

Name of person submitting: _____ Date: _____

~~~~~ 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): \_\_\_\_\_ / \_\_\_\_\_