

Denville Township Police Department

Business Emergency Contact Information

(Please update your information whenever there is a change to any of the information listed below)

Business Name: _____

Street Address: _____

Mailing Address (if different): _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____ Date Completed: _____

Emergency Contact Information:

| | Name/Position | Home Telephone | Cell Telephone |
|----|---------------|----------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Alarm Information

None Burglar Hold-Up/Panic Fire Other: _____

Alarm Company Name: _____

Alarm Company Telephone Number: _____

Additional Comments:

Completed form may be printed or saved. You can submit the form to us by e-mail, fax, regular mail or in person.
e-mail: desk@denvillepolice.org fax: 973-627-1192 address: 1 St. Mary's Place, Denville, NJ 07834

FOR POLICE DEPARTMENT USE ONLY

Date Received: _____ Entered in CAD by: _____