



Town of Warwick Police Department

132 Kings Highway
Warwick, New York 10990



BUSINESS EMERGENCY CONTACT INFORMATION

About This Form

Submitting this form allows police, fire and EMS agencies to **contact you**, in the event of an incident (break-in, fire, etc.) at your business. Information will be used only **in the event of an emergency**.

Instructions

Thank you for submitting emergency contact information for your business. It is important to keep the names and phone numbers up-to-date so we can quickly locate a responsible key holder and avoid calling someone who no longer works for the business. This information will assist our emergency dispatcher contact you in the event of an after-hours emergency or incident at your business. All information is optional. Updates are accepted as often as is necessary.

In the event of an incident, emergency responders may request that an authorized person respond to the business to reset a ringing alarm, provide helpful information, represent an owner's interests, or secure the property after a fire or break-in. It would be necessary for that person to respond with keys to the property, and a proper alarm code if applicable.

Please provide the information requested below, providing as many details as possible. Contact information will be kept strictly confidential and only used for notification purposes by law enforcement and/or the fire department.

If you have questions about this form or how information will be stored and used, contact the on-duty dispatch supervisor at (845) 986-3423

How To Submit This Form

Mail

Mail this form to the Town of Warwick Police Department at the following address:



Town of Warwick Police Department
132 Kings Highway
Warwick, New York 10990

Fax

Fax this form to Town of Warwick Police Department. The fax number is:



(845) 986-5985

Info

To reach a **non-emergency** dispatcher, 24-hours a day, call



(845) 986-3423.

COMPLETE EMERGENCY CONTACT INFORMATION ON REVERSE SIDE

BUSINESS EMERGENCY CONTACT INFORMATION

Business Information

INSTRUCTIONS: If your business name is indicated by any signage on the exterior of the building, list that **business name**. If the main phone number is answered with a **recording** or automated attendant, indicate an inside phone number by which an employee can be **reached immediately**, if one is available. A separate form should be filled out for each business location or physical address.

Section 1

BUSINESS NAME	MAIN BUSINESS PHONE # (PUBLIC)
BUSINESS ADDRESS	PREMISE INSIDE PHONE # (IF DIFFERENT)
NEAREST CROSS STREET(S)	HOURS OF OPERATION
TYPE OF BUSINESS (OFFICE, GAS STATION, ETC.)	

Section 2

INSTRUCTIONS: Complete this section only if the business is monitored by a 24-hour **alarm company**, or if a **private security** firm patrols the business property. Otherwise, **skip** this section.

ALARM COMPANY	ALARM COMPANY PHONE # (IF KNOWN)	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
PRIVATE SECURITY COMPANY	PRIVATE SECURITY COMPANY PHONE #	ACCOUNT NAME OR NUMBER (IF APPLICABLE)

Section 3

INSTRUCTIONS: Indicate any special instructions for **finding** your business or **accessing** the business property. Also, note any **gate codes**.

SPECIAL INSTRUCTIONS OR DIRECTIONS	GATE CODE (IF APPLICABLE)
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Section 4

INSTRUCTIONS: Indicate if any **hazards** exist on site. Also, note any **special needs** or **conditions** of interest.

HAZARDOUS MATERIALS ON SITE (INDICATE SPECIFIC LOCATION)	AED <input type="checkbox"/> Mark this box if there is a medical automatic external defibrillator (AED) on the premises.
HOURS OF OPERATION	

Emergency Contact Information

INSTRUCTIONS: In the event of an emergency, the dispatch center will begin with the **first** emergency contact and proceed down the list until a responsible party is notified. List contacts in your preferred notification order preference. Information will only be used in the event of an emergency. *List as many contact persons as you wish.*

Primary Contact

CONTACT NAME	TITLE (E.G., OWNER, EMPLOYEE)
Street Address	City
HOME PHONE	MOBILE PHONE
PAGER OR OTHER NUMBER	

Contact 2

CONTACT NAME	TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE
PAGER OR OTHER NUMBER	
NOTES	

Contact 3

CONTACT NAME	TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE
PAGER OR OTHER NUMBER	
NOTES	

Contact 4

CONTACT NAME	TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE
PAGER OR OTHER NUMBER	
NOTES	

Contact 5

CONTACT NAME	TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE
PAGER OR OTHER NUMBER	
NOTES	