

# Department of Public Safety Bureau of Police

2400 Bethel Avenue  
Pennsauken, New Jersey 08109

The Following information is required by the Pennsauken Township Police Department in the an emergency should arise at your place of business. Please fill in the below information and return to the **Records Division - Information Services & Technologies Unit** at the above address. Please maintain a copy of this form for future use and update information as needed by your business. Thank You.

**Business Name :** \_\_\_\_\_  
**Business Address :** \_\_\_\_\_ **Suite #** \_\_\_\_\_  
**Business Phone :** \_\_\_\_\_ **Fax Number -** \_\_\_\_\_  
**Person in Charge :** \_\_\_\_\_

**Person(s) to contact in case of emergency. List Contacts in proper Order of Notification.**

1. **Name :** \_\_\_\_\_ **Phone:** \_\_\_\_\_
2. **Name .** \_\_\_\_\_ **Phone:** \_\_\_\_\_
3. **Name :** \_\_\_\_\_ **Phone:** \_\_\_\_\_
4. **Name :** \_\_\_\_\_ **Phone:** \_\_\_\_\_
5. **Name :** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Type of Business Conducted at location** \_\_\_\_\_

**Hours of Operations : ( Include all shifts and all days of operations)**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Hazardous or Unusual Conditions (i.e., Armed Security Guards, Canine, Chemicals, etc.)**

**Is Business Alarmed ?**      **Circle Appropriate Answer :**    **Burglar**      **Fire**      **Hold-Up**      **Other**

**Alarm Serviced / Monitored By :** \_\_\_\_\_

**Alarm Company Telephone Number .** \_\_\_\_\_

**Print Name :** \_\_\_\_\_

**Signature :** \_\_\_\_\_

**Title :** \_\_\_\_\_

**Date :** \_\_\_\_\_

<b>Records Use Only</b>
Alarm # _____
Last Update - _____
Entered By : _____

Information requested is in accordance of Twp Ordinance 91-3(a) Alarm Systems.

If additional Information is to be provided please use a separate sheet of paper. Thank You for your cooperation.