

**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 # _____

#4 Name: _____ Phone # _____ Cell # _____

- Alarm systems (circle one): YES NO If yes, (circle all that apply): Silent Audible

- Type of alarm(s) (circle all that apply): Burglar Fire Hold-up Panic Motion Other: _____

- Name of alarm company: _____

- 24 Hour telephone number for the alarm company: _____

- Recorded surveillance cameras (circle one) **YES NO**

If yes, (circle all that apply): Inside Outside Drive-thru Other _____

Storage format, (circle one): Digital VHS Other _____

Duration of video surveillance storage/loop: _____

- Are firearms stored on site: **YES NO** If yes, (circle all that apply): 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: _____

~~~~~ FOR 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): _____ / _____

RETURN THIS FORM TO: Elizabethtown Police Department

600 South Hanover Street, Elizabethtown, PA 17022

Phone (717) 367-6540 Fax (717) 367-2332

Email etownpd@etownpolice.org