

FLEMINGTON BOROUGH POLICE BUSINESS CONTACT LIST

Please make a copy for your records.

Date: _____

Name of business: _____

Address: _____

Business telephone number: _____

Alarm Company Name: _____

Alarm Company Phone Number: _____

What kind of alarm do you have? (Circle all that apply)

Burglar Fire Panic Hold UP Medical Other _____

Emergency Contact - Key Holder (please include area code)

1. Name: _____

Day telephone: _____ Night-Telephone: _____

2. Name: _____

Day telephone: _____ Night Telephone: _____

3. Name: _____

Day telephone: _____ Night Telephone: _____

Are you the Building Owner? Yes _____ No _____

If not, please advise who is:

Name: _____ Phone Number(s): _____

Name: _____ Phone Number(s): _____

In case of an emergency are there employees who may need assistance exiting the building?

Yes No

If yes please specify _____

Is there any other information we should know about your business or the building in case we need to enter after business hours?