



# TOWN OF MEREDITH POLICE DEPARTMENT



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CHIEF OF POLICE

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## BUSINESS EMERGENCY CONTACT / SECURITY INFORMATION FORM

Please fill in all the information requested to help us better serve you and to ensure the safety of our officers while checking your business or responding to an alarm or other type of emergency. Completion of this form does not guarantee that your business will be safe from vandalism, burglary, or any other type of emergency. This form is to provide the Meredith Police Department with the information necessary to ensure our officers have a safe and timely response to alarms and emergencies, and allows us to make prompt notification to business owners/key holders of any emergencies or other concerns. If you have any questions please feel free to call or stop by the police department for assistance. Thank you.

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS HOURS: SUMMER WINTER

MONDAY \_\_\_\_\_

TUESDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_

SATURDAY \_\_\_\_\_

SUNDAY \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

KEY HOLDER: \_\_\_\_\_ PHONE: \_\_\_\_\_

KEY HOLDER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF ALARM (circle all that apply)    AUDIBLE    SILENT    BURGLAR    PANIC    HOLD UP    FIRE

CLEANING COMPANY \_\_\_\_\_ PHONE: \_\_\_\_\_

OFFICE USE ONLY    Date Received: \_\_\_\_\_ Site #: \_\_\_\_\_ BCSO Notified \_\_\_\_\_