

# ***Denville Township Police Department***

## **Business Emergency Contact Information**

(Please update your information whenever there is a change to any of the information listed below)

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Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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### ***Emergency Contact Information:***

	Name/Position	Home Telephone	Cell Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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### ***Alarm Information***

None     Burglar     Hold-Up/Panic     Fire     Other: \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_

Alarm Company Telephone Number: \_\_\_\_\_

Additional Comments:

Completed form may be printed or saved. You can submit the form to us by e-mail, fax, regular mail or in person.  
e-mail: [desk@denvillepolice.org](mailto:desk@denvillepolice.org) fax: 973-627-1192 address: 1 St. Mary's Place, Denville, NJ 07834

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### ***FOR POLICE DEPARTMENT USE ONLY***

Date Received: \_\_\_\_\_ Entered in CAD by: \_\_\_\_\_