TOWN OF SENECA FALLS POLICE DEPARTMENT

BUSINESS EMERGENCY CONTACT INFORMATION

The Town of Seneca Falls Police Department is asking that you complete this form in the event of an emergency occurring upon your premises during non-business hours. This information is strictly confidential and will only be used for law enforcement personnel. All information is optional however, it is strongly encouraged that all information is completed

DATE OF FORM	NORMAL BUSINESS HOURS	IS THE BUILDING ALARMED? ☐ YES ☐ NO

BUSINESS NAME

BUSINESS ADDRESS (INCLUDING SUITE OR BUILDING #)

BUSINESS PHONE #	BUSINESS TYPE

PREMISES INFORMATION

Is there an AED (defibrillator) on site? ☐ YES ☐ NO — If yes, where is it kept?

Are there any hazardous materials stored or used on site? ☐ YES ☐ NO — If yes, where are they kept?

Do you have a key lockbox on the outside of your business? ☐ YES ☐ NO — If yes, please provide the code (optional)

If you do not own the building, please provide a contact name and number for the building:

Does your business have interior cameras? ☐ YES ☐ NO — Does your business have exterior cameras? ☐ YES ☐ NO

Note any other special conditions, hazards or information for first responders:

EMERGENCY CONTACT INFORMATION

List any emergency contact(s) for your business that would be able to respond to address any issues with the business. List them in order from the top being the first person we would call to the bottom being the last person.

# 1	RELATIONSHIP TO BUSINESS (EX: Manager, Owner, Keyholder, etc.)

EMERGENCY CONTACT NAME: (FIRST MI LAST NAME)	PRIMARY PHONE #

HOME ADDRESS (Optional)

EMAIL	ALTERNATE PHONE #

# 2	RELATIONSHIP TO BUSINESS (EX: Manager, Owner, Keyholder, etc.)

EMERGENCY CONTACT NAME: (FIRST MI LAST NAME)	PRIMARY PHONE #

HOME ADDRESS (Optional)

EMAIL	ALTERNATE PHONE #

# 3	RELATIONSHIP TO BUSINESS (EX: Manager, Owner, Keyholder, etc.)

EMERGENCY CONTACT NAME: (FIRST MI LAST NAME)	PRIMARY PHONE #

HOME ADDRESS (Optional)

EMAIL	ALTERNATE PHONE #

Non-Emergency: 315.568.4850 Emergency: 911 Facsimile: 315.568.4409

PRINT FORM SAVE AS

Stuart W. Peenstra
Chief of Police

TOWN OF SENECA FALLS POLICE DEPARTMENT

Seneca Falls Municipal Building
130 Ovid Street, Suite 101
Seneca Falls, New York 13148

Emergency Dial 911

BUSINESS EMERGENCY CONTACT INFORMATION

Thank you for submitting emergency contact information for your business. This information will only be used in the event of an after-hours emergency or incident at your business. Information will not be shared outside of law enforcement agencies and the fire department.

Business owners please note: You must contact the police department with updated or new contact information. Updates are accepted as often as is necessary.

Please provide as many details is possible and attach any additional documentation you feel is necessary or helpful for emergency responders. Contact information will be kept strictly confidential and only used for notification purposes only.

If you have any questions about this form or how information will be stored and used, contact the Seneca Falls Police Department at 315-568-4850.

Ways to submit this form:

- **Call us!** We will send an officer to come pick this form up.

- **Mail it!** You can mail this form directly to our office.
  Seneca Falls Police Department
  130 Ovid Street, Suite 101
  Seneca Falls, New York 13148

- **Email it!** You can email this form to our office.
  Send it to contact@senecafallspd.net