

## Business Emergency Contact Information

**Business Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

### Location Information

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

**Municipality (Twp., Borough, or City):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Hazardous Materials, list type and location:** \_\_\_\_\_

### Alarm Information

**Does your business have an alarm system? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Alarm Company Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Does your business have recorded surveillance cameras? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If Yes, (circle all that apply) Inside Outside Drive-thru Other \_\_\_\_\_

Contact info for person that handles surveillance video:

name: \_\_\_\_\_ pho#: \_\_\_\_\_

**After Hour Contacts:** List below persons to be contacted in the case of an after hours emergency in the order they are to be called.

1. \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

2. \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

3. \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

**Return completed forms to:** Lancaster County-Wide Communications  
Attn: Stephanie Rudzinski  
PO Box 487  
Manheim, PA 17545-0487  
Or email PoliceSupport@LCWC911.us