



TODAY'S DATE

OPENING DATE OF BUSINESS

**EMERGENCY CONTACT INFORMATION FORM**

Name of Business:	Type of Business:
Address: Suite:	Business Phone:
Business Owner:	Contact Phone:
Address:	Email Address:
Manager:	Contact Phone:
Address:	Email Address:
Property Owner/Mgmt Company:	Phone:
Address:	Email Address:

**CONTACT PERSON(S)**

List person(s) that can be contacted **after** business hours. If person listed has key to business, place check in "Key" column.

	NAME	KEY	PHONE:
1.	_____		_____
2.	_____		_____
3.	_____		_____

**BUSINESS HOURS**

MON	TUES	WED	THUR	FRI	SAT	SUN

**ALARM INFORMATION (please check all that apply)**

<b>ALARM?</b>	NO	YES	AUDIBLE BURGLARY	SILENT BURGLARY	AUDIBLE HOLD-UP	SILENT HOLD-UP
ALARM COMPANY:					PHONE NUMBER:	
ALARM NUMBER:			PANEL LOCATION:			
ALARM TYPE:			RESET MINUTES:	ADDRESS AT REAR:		

**COMMENTS**

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**PLEASE RETURN TO:**

Rocklin Police Department, Attn: **Communications Supervisor**, 4080 Rocklin Rd., Rocklin, CA 95677

**If in the future there are any changes or additions to the above information, please call the Rocklin Police Department at (916) 625-5400 or Fax (916) 625-5495.**