

# LOWER PAXTON POLICE DEPARTMENT EMERGENCY NOTIFICATION DATA

Please complete this form as completely as possible and return to the Police Department at the address below. This information will be maintained in our database in case an emergency situation occurs at your business during those times when your business is closed.

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

Business Address (include zip): \_\_\_\_\_

Burglar Alarm? **YES** **NO** Is Alarm connected to a Central Station? **YES** **NO**

Central Station Name: \_\_\_\_\_

Central Station Phone: \_\_\_\_\_

Alarm Service Co. (for repairs): \_\_\_\_\_ Phone: \_\_\_\_\_

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**The Following Persons In the Order Listed Below Should Be Contacted In Case Of An Alarm Activation Or Emergency At This Business.** (All people listed must have access to a key to the business and alarm system and the ability to turn the alarm off.):

1. Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Pager Number \_\_\_\_\_

2. Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Pager Number \_\_\_\_\_

3. Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Pager Number \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**RETURN TO: Lower Paxton Twp. Police Department  
425 Prince St., Suite 320  
Harrisburg, PA 17109 Attn: Sonia**