

BROOKLYN HEIGHTS POLICE DEPARTMENT

Business Information Sheet

Name of Firm: _____

Address: _____ Suite: _____

Phone: _____ Business Hours: _____

E-Mail Address: _____ Fax: _____

Type of Business: _____

Weekday Emergency Contacts / Keyholder:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Weekend / Evening Emergency Contacts: (If different from above.)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Are there any hazardous materials on premises?

What? _____

Where? _____

Is there an alarm system on the premises? If so, please list all pertinent information.

Alarm Company: _____

Locations Alarmed: _____

Type of Alarm: _____

Does the alarm company respond? _____

Does the alarm company notify BHPD? _____

Emergency responder information or response procedures unique to your business:

Business owner(s) / CEO / Operations Manager / Parent Company:

Would you like a Brooklyn Heights Police Department Crime Prevention Specialist to contact you for a security survey? This service is free and intended to assist you in keeping your business, property and employees safe and crime-free.

Yes

No