



Warren County Department of Public Safety

1024 Route 57

Washington, New Jersey 07882

Telephone: (908) 835-2000 Fax: (908) 835-2062



BUSINESS INFORMATION UPDATE

To: All Warren County Businesses

From: Warren County Department of Public Safety

The Warren County 91 1 Center is diligently updating our records so that business owners can be notified after-hours in the event of an emergency at the business location. We are requesting a prompt response from you to ensure we are able to provide the best possible form of public safety services.

- The Business Update form requests business, alarm, and emergency contact information, including after ours (home or cell numbers) for keyholders. **Please provide all information completely.**
- With this cover sheet we are including the information we already have on file (unless not previously obtained) for your business and a blank update form. Please make copies of this form and letter so that you may send us business information changes as they occur. This form can also be found in PDF format on our website at www.wcpublicsafety.com. View 'FORMS' under the, 'COMMUNICATIONS CENTER' heading.
- If there is no change to your information please note that on the top of this form along with the name of your business and return it to us via mail, email or fax.
- If there are changes to your information please complete the form LEGIBLY and return it to us via mail, email or fax.
- If you are a new business, or have moved from another location, please note that on the top of the form, complete the form LEGIBLY and return to us via mail, email or fax.
- If you know of other new businesses in the area or if a separate business is located within your building, please forward a copy of the blank form and letter to them so that they may also complete and return it.

Please note that the actual town your business is located in may differ from your business' mailing address. This information is available on tax records or via the property owner. Be sure to include the correct information in the appropriate fields. We would like to thank you in advance for your cooperation.

Lieutenant Michelle Warren

mwarren@co.warren.nj.us

908-835-2120

DISCLAIMER: The information contained herewith and hereafter is intended for the addressee. If you have received this information in error, please contact the sender listed above immediately. Dissemination of the attached information is at the liability and discretion of the addressee.

Warren County Department of Public Safety

1024 Route 57
Washington NJ 07882-9618



Please return forms to:
Lt. Michelle Warren
911 Office of Records and Information

Telephone: 908-835-2120
E-Mail: mwarren@co.warren.nj.us

EMERGENCY BUSINESS INFORMATION FORM

Business Name:					
Business Address:				Suite/Unit #:	
City/Town:			State:		Zip:
Municipality where business is physically located:					
Address where business previously was if moved to a new location:					
What business previously occupied your new location? (if known)					
Business Phone Number:			Business Fax number:		
Business E-mail:					
Business Website:					
Days / Hours of Operation:					

ALARM INFORMATION

Alarm Company Name:					
Alarm Company Phone Number:					
Type(s) of Alarms:	<input type="checkbox"/> Burglar/Entry	<input type="checkbox"/> Motion	<input type="checkbox"/> Vault	<input type="checkbox"/> Fire	
	<input type="checkbox"/> Medial	<input type="checkbox"/> Other:			
Is the Alarm Audible:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the Alarm automatically reset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMERGENCY CONTACT / KEYHOLDER INFORMATION FOR AFTER HOURS USE

Please list contacts in the order in which they will be called. Please consider listing persons with shorter arrival time first.

These contacts MUST have off-hours access (e.g. keys, alarm codes) to the premise. Please note, ETA = Estimated time of arrival.

This information will NOT be shared with the public, it will be kept confidential within the 911 center and local police department

Contact 1 Name & Title:				ETA to loaction:	
Primary Phone #:			Seconday Phone #:		
E-Mail:					
Home Address:					

Contact 2 Name & Title:				ETA to loaction:	
Primary Phone #:			Seconday Phone #:		
E-Mail:					
Home Address:					

Contact 3 Name & Title:				ETA to loaction:	
Primary Phone #:			Seconday Phone #:		
E-Mail:					
Home Address:					

Contact 4 Name & Title:				ETA to loaction:	
Primary Phone #:			Seconday Phone #:		
E-Mail:					
Home Address:					