

# Warren County Department of Public Safety

## 1024 Route 57

### Washington, New Jersey 07882



Telephone: (908) 835-2000 Fax: (908) 835-2062 Email: 911files@co.warren.nj.us  
Public Safety Web Site: [www.wcpublicsafety.com](http://www.wcpublicsafety.com)

## EMERGENCY BUSINESS INFORMATION FORM

Business Name:	Business Type:	
_____	_____	
Street Address:	Suite or Unit #:	
_____	_____	
City/Town:	State:	Zip Code:
_____	_____	_____
Business Phone Number:	Business Fax Number:	
_____	_____	
Actual Town where Business is located:	Days/Hours of Operation:	
_____	_____	

### ALARM INFORMATION

Alarm Company Name:	Alarm Company Phone:
_____	_____
Types of Alarm(s):	<input type="checkbox"/> Burglar/Entry: <input type="checkbox"/> Motion: <input type="checkbox"/> Vault <input type="checkbox"/> Panic: <input type="checkbox"/> Fire <input type="checkbox"/> Medical
Is the Alarm Audible?	<input type="checkbox"/> Yes: <input type="checkbox"/> Other: _____
<input type="checkbox"/> No	Does the alarm reset automatically? <input type="checkbox"/> Yes: (After _____ Minutes) <input type="checkbox"/> No

### CONTACT INFORMATION

Please list contacts in the order in which they should be called. Please consider listing persons with a **SHORTER ETA** first. These contacts **MUST** have off-hours access (e.g. keys, alarm codes) to the premise. ETA = Estimated Time of Arrival.  
**THIS INFORMATION MUST BE PRINTED OR TYPED CLEARLY.** Thank you.

NAME - First and Last:	ETA	TITLE	PRIMARY #:	SECONDARY #:	Email