

# Emergency Notification System Business Data Sheet



Date: \_\_\_\_\_

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

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Contact Information:

Business Phone #1: \_\_\_\_\_ Business Phone #2: \_\_\_\_\_

Fax #: \_\_\_\_\_

Business Hours: \_\_\_\_\_  
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

### Responsible Party Information:

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

2<sup>nd</sup> Responsible Party: \_\_\_\_\_ Title: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Burglar/Fire Alarm Information:

Name of Alarm Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Type of Alarm: ( ) Central Station ( ) Outside Audible ( ) Silent \_\_\_\_\_

### Hazardous Materials (if any) Stored on Site:

Please fill out your emergency contact info and fax (973-694-8948) or mail back to Lincoln Park Police Dept.  
34 Chapel Hill Road Lincoln Park NJ 07035 Att: BJ Wild - Records Thank you.