



**MANCHESTER POLICE DEPARTMENT
BUSINESS EMERGENCY CONTACT**

Date: _____

Name of Business: _____

Type of Business: _____

Address: _____
City State Zip

Phone: _____

2 Emergency Contacts (Required)

Name: _____ Position: _____

Address: _____
City State Zip

Phone: () _____ Cell / Home

Email: _____

Name: _____ Position: _____

Address: _____
City State Zip

Phone: () _____ Cell / Home

Email: _____

Property Management/ Maintenance Company (If Applicable)

Name: _____

Address: _____
City State Zip

Phone: () _____ Cell / Home

Email: _____

Alarm System? YES NO

Type: _____

Alarm Company Name: _____

Alarm Company Phone: _____

Safe on Property? YES NO

Location of Safe: _____

Area Illuminated? YES NO

Comments:

THIS RECORD IS VALID FOR ONE YEAR