

Business Emergency Contact Information

Business Name: _____ Phone# _____

Location Information

Street Address: _____

Municipality (Twp., Borough, or City): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Hours of Operation: _____

Hazardous Materials, list type and location: _____

Alarm Information

Does your business have an alarm system? Yes _____ No _____

Alarm Company Name: _____ Phone Number: _____

Does your business have recorded surveillance cameras? Yes _____ No _____

If Yes, (circle all that apply) Inside Outside Drive-thru Other _____

After Hour Contacts:

List below persons to be contacted in the case of an after hours emergency in the order they are to be called.

1. _____ Phone # _____ Cell# _____

2. _____ Phone# _____ Cell# _____

3. _____ Phone# _____ Cell# _____

4. _____ Phone# _____ Cell# _____

Return completed forms to: Lancaster County-Wide Communications
PO Box 487
Manheim, PA 17545-0487
Or email PoliceSupport@LCWC911.us