

Rocky Hill Police Department

BUSINESS ESTABLISHMENT EMERGENCY CONTACTS

Name of Business: _____ Phone: _____
(rings to person not phone tree)

Business Address: _____

BUSINESS Owner/Manager: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

PROPERTY Owner/Manager: _____ Phone 1: _____

Address: _____ Phone 2: _____

IN CASE OF EMERGENCY NOTIFY

(Contact will be made in this order)

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Alarm Company: _____ Phone: _____

Misc Info: _____

DATE: _____

Email completed form to: ccampanelli@rockyhillct.gov