



# Police Department

**Mount Olive Township**

**Fax: (973) 691-8312**

204 Flanders-Drakestown Road

Budd Lake, NJ, 07828

## **Emergency Contact Information**

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

Location: \_\_\_\_\_

Mailing Address # and Street: \_\_\_\_\_

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

Business Phone #: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Business Type (Fast Food, Bar etc.):

\_\_\_\_\_

Principal Owner's Name, Address and contact #:

\_\_\_\_\_

### Emergency Contact Person:

(Please list three people in order of priority who may be called in case of a problem or emergency at this location)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Pager/Cell Phone #: \_\_\_\_\_

Does the business have an alarm system?

Yes No

Does the business have surveillance?

Yes No

What are the normal hours of operation?

\_\_\_\_\_

\_\_\_\_\_

Are employee's present during off hours?

Yes No

Are there any hazardous materials on site?

Yes No

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special needs or characteristics of the business/employees which may

Aid other emergency personnel (i.e. guard dog, handicap):

\_\_\_\_\_

\_\_\_\_\_

Name and phone number of Alarm Company: \_\_\_\_\_

Upon completion please return to the Police Department, or email using the button at the top of page.