



Warren County Department of Public Safety

1024 Route 57

Washington, New Jersey 07882

Telephone: (908) 835-2000 Fax: (908) 835-2062



BUSINESS INFORMATION UPDATE

Date: _____

To: All Warren County Businesses

From: Warren County Department of Public Safety/911 Center

Page: _____ of _____ page(s)

The Warren County 911 Center is diligently updating our records so that business owners can be notified after-hours in the event of an emergency at the business location. We are requesting a prompt response from you to ensure we are able to provide the best possible form of public safety services.

- The Business Update form requests business, alarm, and emergency contact information. **Please provide all information completely.**
- With this cover sheet we are including the information we already have on file for your business and a blank update form. Please make copies of this form and letter so that you may send us business information changes as they occur. This form can also be found in PDF format on our website at www.wcpublicsafety.com. View 'FORMS' under the, 'COMMUNICATIONS CENTER' heading.
- If there is no change to your information please note that on the top of this form along with the name of your business and return it to us via mail, email or fax.
- If there are changes to your information please complete the form **LEGIBLY** and return it to us via mail, email or fax.
- If you are a new business, please note that on the top of the form, complete the form **LEGIBLY** and return to us via mail, email or fax.
 - If you know of other new businesses in the area or if a separate business is located within your building, please forward a copy of the blank form and letter to them so that they may complete and return.

Please note that the **actual town** your business is located in may differ from your business' mailing address. This information is available on tax records or via the property owner. Be sure to include the correct information in the appropriate fields. We would like to thank you in advance for your cooperation.

Michelle Warren
mwarren@co.warren.nj.us

DISCLAIMER: The information contained herewith and hereafter is intended for the addressee. If you have received this information in error, please contact the sender listed above immediately. Dissemination of the attached information is at the liability and discretion of the addressee.

WCDPS 08/2018



Warren County Department of Public Safety

1024 Route 57

Washington, NJ 07882-9618

Phone: 908-835-2000 Fax: 908-835-2062



Completed forms may be faxed to: (908) 835-2062, or
email to: mwarren@co.warren.nj.us or
mailed to above address.

EMERGENCY BUSINESS INFORMATION FORM

Business Name:	Business Type:
Street Address:	Suite or Unit #:
City/Town:	State: Zip Code:
Business Phone Number:	Business Fax Number:
Actual Town where Business is located:	Days/Hours of Operation:

ALARM INFORMATION

Alarm Company Name:	Alarm Company Phone:
Types of Alarm(s): <input type="checkbox"/> Burglar/Entry <input type="checkbox"/> Motion <input type="checkbox"/> Vault <input type="checkbox"/> Panic <input type="checkbox"/> Fire <input type="checkbox"/> Medical	
Is the Alarm Audible? <input type="checkbox"/> Yes <input type="checkbox"/> Other: _____	
<input type="checkbox"/> No Does the alarm reset automatically? <input type="checkbox"/> Yes: (after _____ minutes) <input type="checkbox"/> No	

CONTACT INFORMATION

Please list contacts in the order in which they should be called. Please consider listing persons with a **SHORTER ETA** first. These contacts **MUST** have off-hours access (e.g. keys, alarm codes) to the premise. ETA = Estimated Time of Arrival.
THIS INFORMATION MUST BE PRINTED OR TYPED CLEARLY.

NAME - First and Last:	ETA	TITLE	PRIMARY PHONE	SECONDARY PHONE	OTHER...

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY AND LEGIBLY