



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