

EMERGENCY CONTACT INFORMATION

The City of Truesdale and the Truesdale Police Department request that the following information be provided for your business located in the City of Truesdale. The information will remain confidential and a copy will be provided to the Warren County Joint Communication Center (9-1-1) to keep on file.

Date: _____

Name of Business: _____

Address of Business: _____

Telephone Number of Business: _____

Fax Number of Business: _____

The following person(s) should be contact in case of an emergency concerning this business. Please list in the order they are to be contacted. All emergency contact persons should have a key to the premises, knowledge of the premises and contents of the building.

#1 Name: _____ Telephone Number: _____

Address: _____

Mobile Phone Number: _____

#2 Name: _____ Telephone Number: _____

Address: _____

Mobile Phone Number: _____

#3 Name: _____ Telephone Number: _____

Address: _____

Mobile Phone Number: _____

Does the business have an alarm system? ____ Yes ____ No

If yes, please list the name of the alarm system, their address, and telephone number.
Also any information needed for emergency services personnel responding to an emergency at this location.

Is a night light left "on" in the premises? _____ Yes _____ No

Is there a safe on the premises? _____ Yes _____ No

If yes, general location of the safe? _____

If there is any other important information you feel should be known to provide better security for your business located in Truesdale, please list it below:

Again, this information will be kept on file, confidentially, at the Police Department, City Hall, and at the 9-1-1 Joint Communication, and will only be used to contact you in case of an emergency and to assist you in keeping your business secure.

Thank you.