



WINTER PARK POLICE DEPARTMENT

NIGHT REFERENCE EMERGENCY CONTACT INFORMATION

Not for public dissemination

(Contact information for after hours, weekends and holidays when business is closed)

Business Name: _____ Date: _____

Business Address: _____

Contact Email Address: _____

Business Phone: _____ Fax: _____

Alarm: _____ Yes _____ No _____ Silent _____ Audible

Alarm Company: _____

Alarm Company Phone: _____

___ Yes ___ No **Are you interested in joining a Business Watch Group?**

(OPTIONAL) Safe on site: _____ Yes _____ No Type _____

Location of safe in business: _____

Emergency Contact:

#1. Name: _____

Address: _____

Phone: _____ Cell: _____

#2. Name: _____

Address: _____

Phone: _____ Cell: _____

Comments: _____

***This form will be destroyed after the information has been entered into the secured data base.

