

**SWANSEA POLICE DEPARTMENT  
EMERGENCY INFORMATION FORM**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

**After Hours Contact Person(s):**

1<sup>st</sup> Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3<sup>rd</sup> Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have a burglar Alarm? \_\_\_\_\_

Outside Alarm: \_\_\_\_\_ or Silent: \_\_\_\_\_

Name of Alarm Company? \_\_\_\_\_

Address of Alarm Company? \_\_\_\_\_

Phone Number for Alarm Company? \_\_\_\_\_

Type and location of any toxic, flammable or hazardous materials stored at your location?

If so, please list \_\_\_\_\_

\_\_\_\_\_

Are there any lights left on after hours? \_\_\_\_\_

Are Employees in the building Part or all of the night? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_