



CEREDO POLICE DEPARTMENT

Business Emergency Contact Form

Please email updated forms to info@ceredopolice.com or fax to (304) 908-9333.

New Business

Current/Update

Business Name: _____ Owner Name: _____

Physical Address: _____

Location Type: _____ Phone Number: _____

Business Hours: _____

ALARM INFORMATION

Alarm Company: _____ Phone: _____

Alarm Type(s): *Check all that apply.*

NO ALARM

FIRE

HOLD UP

INTRUSION

MEDICAL ALERT

OTHER

Please Explain: _____

EMERGENCY CONTACT(S)

PLEASE DO NOT LIST THE BUSINESS PHONE NUMBER IN THIS SECTION.

1. Name: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

2. Name: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

3. Name: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Completed By

Date Completed