



MERCHANT EMERGENCY CONTACT INFORMATION

In an effort to keep the Penn Hills Police Department's files current, please complete the following emergency contact information below. In the event your information should change, please remember to update this form with us.

BUSINESS NAME: _____

ADDRESS: _____
(Number/Street/Apt./City/State/Zip Code)

TELEPHONE: _____

OWNER'S NAME: _____ / _____ / _____
(Last) (First) (Middle)

HOME ADDRESS: _____
(Number/Street/Apt./City/State/Zip Code)

TELEPHONE: _____

DOES YOUR BUSINESS HAVE AN ALARM SYSTEM? YES ___ NO ___

PLEASE LIST NAMES AND PHONE NUMBERS OF THREE PERSONS TO CONTACT IN THE EVENT OF AN EMERGENCY OUTSIDE OF NORMAL BUSINESS HOURS, IN THE EVENT WE ARE UNABLE TO REACH YOU.

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____