

Cumberland Township Police Department

Business Night Reference

Year: _____

Form to filled out by owner or agent only

Business Name: _____

Owner's Name: _____

Business Address: _____

Owner's Address: _____

Business Phone: _____

Owner's Phone No. _____

Persons to be Notified in Case of Emergency

Contact 1 Name: _____

Contact 2 Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Do you have an alarm system: Yes No If yes, what type? _____

If silent alarm, provide location of monitor: _____

Do you have indoor and/or outdoor surveillance cameras? Yes No

If yes, provide location: _____

Is there a safe? Yes No

What lights are left on at night _____

Is this a Web-based Company? Yes No If yes, provide IP address _____

Check all windows and doors for damage or possible attempted entry daily
Anything unusual should be reported immediately to the Police Department at 911

Signature of Owner/Agent Representative