

BUSINESS INFORMATION REQUEST FORM

In order to serve you better the Lake Placid Police Department requests that you please provide some information about your business below. The purpose for this is to regularly update our records for emergency response and contacts of business owners and employees. In the event an emergency arises we will make every attempt to contact someone affiliated with your business. Please list the names of persons available in the order that you wish us to call them in should there be an emergency at your business when it is closed. Please consider each persons response time to the business as you list. We would appreciate as rapid a response as possible so that the officers can resume patrol upon turning the scene over to the responder.

Business Name:		Business Address:	
Business Telephone #	Business Hours:	Location of Building:	
Alarm System - Yes No	Alarm Type: Silent Audible Burglar Robbery Fire Other		
Alarm Company Name:		Alarm Company Phone #:	

In Case of Emergency, Contact the Following persons in the Order Listed

Name	Address	Home/Cell Number

**Please Return to: Lake Placid Police Department 2693 Main St. Suite 104 Lake Placid, NY 12946
Telephone # 518-523-3306 - Fax # 518-523-9601**

Building Owner Name & Number:
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