

HIGHLAND HEIGHTS POLICE DEPARTMENT

BUSINESS EMERGENCY DATA INFORMATION SHEET

Business: _____ **Phone Number:** _____

Address: _____

Hours of operation: Monday thru Friday _____ Until _____
Saturday _____ Until _____
Sunday _____ Until _____

In case of emergency, person to contact:

1. Name: _____ Phone: _____

Address: _____

City/State: _____

2. Name: _____ Phone: _____

Address: _____

City/State: _____

Alarm Information:

Name of Alarm Company: _____

Phone: _____

Type of Alarm: Silent _____ Audible _____

If audible, does it have automatic reset? YES _____ NO _____

If automatic reset, how long? _____

*Please return this form to the Highland Heights Police Department upon completion. Drop off hours are **Monday thru Friday 8am – 4pm.***

IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY THE DEPARTMENT AS SOON AS POSSIBLE.