

Crown Point Police Emergency Business File

Bus. Name _____
Bus. Address _____
Bus. Telephone _____
Business Owner _____
Owner Address _____
Owner Telephone _____

Hours: Sun _____
Mon _____
Tues _____
Wed _____
Thur _____
Fri _____

**Property Owner /
Manager** _____
Address _____
Telephone _____

(if different than business owner)

Key Holders - List as many as possible in the order to be contacted

1	_____	Telephone	_____
2	_____	Telephone	_____
3	_____	Telephone	_____
4	_____	Telephone	_____
5	_____	Telephone	_____
6	_____	Telephone	_____

Locations of **entrances** and **exits** to the building

Alarms

Fire?	Yes	No	Alarm Company and Telephone	_____
Burglar?	Yes	No	Alarm Company and Telephone	_____

Lights left on after closing: _____

Animals on premise (guard dogs, exotic, etc..)

If yes, provide details with handler contact information

Hazardous Materials - on backside please list UN Numbers, Quantities, Container Types and Locations

Cleaning or Maintenance personnel who are present after hours

Please use the back side of this form if you need to add additional information