



## Emergency Contact Form

CONFIDENTIAL - For Official Use Only

\*\*This information assures that the Brookville Police/Fire Departments will be able to contact you or a key holder in case of emergency at your residence or place of business.



**Business Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Suite** \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Business Fax:** (\_\_\_\_) \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Primary Contact #:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Primary Contact #:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### EMERGENCY CONTACTS:

(Please list in order of **quickest** response in the event of an emergency)

1. Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Primary Contact #: (\_\_\_\_) \_\_\_\_\_

Alternate #: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Primary Contact #: (\_\_\_\_) \_\_\_\_\_

Alternate #: (\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Primary Contact #: (\_\_\_\_) \_\_\_\_\_

Alternate #: (\_\_\_\_) \_\_\_\_\_

4. Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Primary Contact #: (\_\_\_\_) \_\_\_\_\_

Alternate Contact #: (\_\_\_\_) \_\_\_\_\_

Keyholder- Y { } N { }



Does your business have an alarm system?

{ }Yes { }No

If yes, what type?

Robbery	Panic	Burglar/Intrusion	Fire	Medical

Name of Alarm Company: \_\_\_\_\_

Alarm Company Contact #: (\_\_\_\_)\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Contact #: (\_\_\_\_)\_\_\_\_\_

Utilities:

{ }Natural Gas { }Propane { }Electric { }Other\_\_\_\_\_

**Other Information:** (Please list any hazards that may be on location. Example: Dogs, Hazardous Materials, ect.):\_\_\_\_\_

Security Camera Registration: { }Yes { }No



If no, please scan the QR Code above or visit <https://www.brookvilleohio.com/330/Police> to register your security cameras with the Brookville Police Department if you are willing to share the location of those cameras to help our police in the event a crime or suspicious activity occurs in your area. We will contact you and request that you search the camera system to see if any evidence was captured and can be shared with law enforcement officers. If registered, the police would only request archived video on a case-by-case basis.

Signature of Person Completing Form: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Premise owners are responsible for notifying the appropriate department immediately when there are changes made to any of the information above.

**PD USE ONLY:**

CAD Update \_\_\_\_\_ by \_\_\_\_\_

[ ] City of Brookville PD Beat \_\_\_\_\_

[ ] Clay Township PD Beat \_\_\_\_\_

[ ] Perry Township PD Beat \_\_\_\_\_

[ ] Cameras Registered

**FD USE ONLY:**

Key Box Location \_\_\_\_\_

FDC Location \_\_\_\_\_

Fire Alarm Box \_\_\_\_\_

ESO \_\_\_\_\_ Date Entered \_\_\_\_\_ by \_\_\_\_\_

Hyper-Reach Entered \_\_\_\_\_ by \_\_\_\_\_



## **Fire Inspection Scheduling**

The fire department is responsible for **annual** safety inspections.

\*\*Inspections are scheduled M-F 9am-4pm\*\*

**Last fire inspection completed on:**

\_\_\_\_\_

Please check what day works best for you/r business:

Monday	Tuesday	Wednesday	Thursday	Friday

List below the best contact person for scheduling your safety inspection.

**Name:** \_\_\_\_\_

**Contact #:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

\*\*You will be contacted by the fire department to schedule your inspection. These are done yearly, and some businesses are subject to multiple times a year due to the nature of your business. Thank you for your time!

**FD USE ONLY:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Assigned To: \_\_\_\_\_

Assigned By: \_\_\_\_\_