



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 #: (____) _____

Keyholder- Y { } N { }

2. Name: _____

City of Residence: _____

Primary Contact #: (____) _____

Alternate #: (____) _____

Keyholder- Y { } N { }

3. Name: _____

City of Residence: _____

Primary Contact #: (____) _____

Alternate #: (____) _____

Keyholder- Y { } N { }

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: _____