



Annapolis Royal Police Service
Business Security / Emergency Contact Form

Name Of Business: _____

Business Address: _____

Business Email: _____

Business Phone Number: _____

Business Owners Name: _____

Business Owners Address: _____

Business Key Holder (List in order to be contacted)

Name	Phone Number

Do you have an alarm System? Yes No

If so, is it silent or audible? Silent Audible

Alarm Company Contact information: _____

Would you like to be notified by police on alarm soundings in the between 11:00 PM and 6:00AM?

Yes No

Additional Information police should know: _____

Office Use Only

Date updated: _____