

Only to be completed for businesses physically located in Fairfax



**TOWN OF FAIRFAX
POLICE DEPARTMENT**

144 Bolinas Road, Fairfax, California 94930 (415)453-5330

BUSINESS EMERGENCY INFORMATION

Date: _____

Name of Business: _____

Business Address: _____

Phone #: _____ Business Hours: _____

Emergency Contacts:

1.) Name: _____ Phone #: _____

Address: _____

Will Respond: _____ Has Key: _____

2.) Name: _____ Phone #: _____

Address: _____

Will Respond: _____ Has Key: _____

3.) Name: _____ Phone #: _____

Address: _____

Will Respond: _____ Has Key: _____

Alarm: Yes ___ No ___

Alarm Company: _____ Phone #: _____

Silent: _____ Audible: _____ Panic: _____ Reset Time: _____

Roof Access: Yes ___ No ___ Number of Doors - Front: ___ Back ___ Other ___

Miscellaneous Information: (Lights, additional phone #'s, pager #'s, panel location, etc.)

Is there anything stored in your building that the officers need to be aware of for personal safety reasons? (ex: firearms, flammable materials or caustic materials) _____

*****Please advise us of any changes immediately*****