

**Lancaster County-Wide Communications 9-1-1
Business Emergency Contact Information**

Business Name: _____ **Phone#:** _____

Location Information

Street Address: _____

Municipality (Twp., Borough, or City): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Email: _____

Type of Business: _____ **Hours of Operation:** _____

Hazardous Materials, list type and location: _____

Alarm Information

Does your business have an alarm system? Yes No

Alarm Company Name: _____ **Phone Number:** _____

Does your business have recorded surveillance cameras? Yes No

If Yes, (check all that apply) Inside Outside Drive-thru Other _____

Contact info for person that handles surveillance video:

Name: _____ Pho# _____

After Hour Contacts: List below persons to be contacted in the case of an after hours emergency in the order they are to be called.

1. _____ Home # _____ Cell# _____

2. _____ Home# _____ Cell# _____

3. _____ Home# _____ Cell# _____

Return completed forms to: Lancaster County-Wide Communications
Attn: Stephanie Rudzinski
PO Box 487
Manheim, PA 17545-0487
Or email SRudzinski@lcwc911.us or PoliceSupport@lcwc911.us