Business Information Request Form

In order to serve you better, the Saratoga Springs Police Department requests that you please provide some information about your business below. The purpose for this is to regularly update our computerized database for emergency response and contacts of business owners and employees. In the event an emergency arises we will make every attempt to contact someone affiliated with your business.

Please list the names of persons available in the order that you wish us to call them in should there be an emergency at your business when it is closed. Please consider each persons response time to the business as you list them. We would appreciate as rapid a response as possible so that the officer can resume patrol upon turning the scene over to the responder. If there is more than one business in your building, please provide specific directions to your business (i.e., enter front door, third door on left.) This will enable officers to quickly locate your business should we receive an alarm. Thank you for taking the time to complete this form.

Business Name:		Business address:	
Business telephone #	Business hours:	Location in building:	
Alarm system? ☐ Yes ☐ No	Alarm Type *(check all that apply)* ☐ Audible ☐ Silent	☐ Autodialer to alarm co. ☐ Autodialer to Police ☐ Other *(specify below)*	☐ Burglar alarm ☐ Robbery alarm ☐ Fire alarm
Alarm company name:		Alarm company phone #:	

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING PERSONS IN THIS ORDER

Name	Address	Home/Cell Numbers
Please return to:	Saratoga Springs Police Department 5 Lake Avenue, Saratoga Springs, NY	Tel: 518-584-1800 FAX: 518-584-1744