

# City of Troy

## Department of Police

### BUSINESS EMERGENCY CONTACT INFORMATION

Name of business: \_\_\_\_\_

Type of business: \_\_\_\_\_

Product/Service: \_\_\_\_\_

Business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Owner address: \_\_\_\_\_

Owner telephone: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Emergency Contact (2 required):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Living quarters in building? Yes \_\_\_\_\_ No \_\_\_\_\_

Hazardous materials stored on premises? If yes, please provide material and location information within the building:

Type of alarm: Burglary \_\_\_\_\_ Fire \_\_\_\_\_

Name of alarm company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of door locks: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail or drop completed form, with original signature, off at the police department Monday – Sunday, 24 hours.*

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