



# Northampton Police Department EMERGENCY NOTIFICATION INFORMATION

In order that we may better serve you during an emergency, we ask that you supply the following information to be used in the event of an emergency at your address. Please return this form to the Northampton Police Department or fax it to the Public Safety Dispatch Center at 413-587-1158. **Please type or print legibly.**

**Full legal business name or if residence, primary name** \_\_\_\_\_

Address of business or residence \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax Number \_\_\_\_\_

Is the above address where the alarm billing should be sent?  Yes  No (Indicate the billing address on back of this page)

**Name of business owner(s)** \_\_\_\_\_

Home address of business owner(s) \_\_\_\_\_

Home telephone number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name of person in charge** \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name of building owner** \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Who should we notify in case of an emergency? Please list in order of preference to be contacted.**

**1<sup>st</sup>** Name \_\_\_\_\_ **2<sup>nd</sup>** Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**3<sup>rd</sup>** Name \_\_\_\_\_ **4<sup>th</sup>** Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_