

Emergency Services BUSINESS SEARCH INFORMATION

NAME OF BUSINESS / PLACE / COMMON NAME:
ADDRESS:
PHONE NUMBER(S):
NAME OF OWNER:
TYPE OF BUSINESS:

Is your premises protected by an intrusion alarm?	YES	NO
Is your premises protected by a hold-up alarm?	YES	NO
Is your premises protected by a fire alarm?	YES	NO
Is your premises protected by a sprinkler system?	YES	NO
Does your business subscribe to an alarm system monitoring service?	YES	NO
If yes, what company?		
If no, where does the alarm signal go?		

If an emergency situation exists at your place of business after business hours, who should we contact?
(THIS INFORMATION SHALL REMAIN CONFIDENTIAL)

NAME & POSITION (i.e. Manager, Supervisor, Clerk, Maintenance, Owner etc.) List in the order they should be contacted	PHONE NUMBER & TYPE (i.e. Cell, Home, Work, After Hours etc.) You must advise us of any changes to key holders

ARE THERE ANY TYPES OF HAZARDOUS MATERIALS ON THE PREMISES? — YES — NO
IF YES, PLEASE LIST ON THE BACK OF THIS SHEET OR ATTACH MATERIAL SAFETY DATA SHEET(S).

Special Information:

Upon completion, return this form to
 Lackawanna County Dept. of
 Emergency Services
 30 Valley View Business Park
 Jessup, PA 18434
 Or
 FAX to 570-307-7321
 VOICE 570-307-7300 Option 1 then Option 2