



133 Bloomingrove Drive  
 North Greenbush NY 12180  
 518-283-5323  
 518-283-2859 (fax)

**North Greenbush Police Department  
 Commercial Emergency Information Form**

POLICE USE ONLY:  
 Zone \_\_\_\_\_ Entered by \_\_\_\_\_  
 Date \_\_\_\_\_

***Please Print All Entries – See Reverse Side for Guidance***

Business Name: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Web Site: \_\_\_\_\_

\_\_\_\_\_

Business Type: \_\_\_\_\_

Hours of Operation: Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Building Owner Name: \_\_\_\_\_

Building Owner: Tel # \_\_\_\_\_

Building Owner Address: \_\_\_\_\_

Building Owner: Cell# \_\_\_\_\_

\_\_\_\_\_

Building Owner: Pager# \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

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

\_\_\_\_\_

Tel # \_\_\_\_\_ Tel # \_\_\_\_\_ Tel# \_\_\_\_\_

Cell# \_\_\_\_\_ Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Alarm Type (circle all that apply): Burglar Medical Fire (select type as Local Only Commercial)

Alarm Company Name: \_\_\_\_\_ Tel# \_\_\_\_\_

Form Completed By: (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

By completing this form, persons owning and/or operating businesses will be providing the North Greenbush Police Department with essential information to assist the Department in responding to emergency situations. **The information on this form, especially the names and contact information that you provide, is for police purposes only and will be held in confidence.**

Once you complete this form, it is recommended that you keep a copy of it for your files. It is important that the Police Department have current and up-to-date information available to it in the event of an emergency. **If any information on this form changes after you submit it, please let us know so that we can make the necessary corrections in our database.**

The following definitions should help you in completing this form:

**Business Name** The name of the business as it is known or advertised.

**Business Address** The street address of the business located in North Greenbush.

**Business Phone #** The phone number of the business.

**Business Web Site** If the business has a Web site, enter it on this line.

**Business Type** Please choose the description that best describes the type of business operation from among the following types:

Bank/Financial  
Civic Org. (i.e., Elks, American Legion)  
Daycare (i.e., elder care, child care where purpose is not primarily education such as in a nursery school)  
Food Service (i.e., restaurant, café, ice cream parlor)  
Medical/Dental (i.e., doctor, dentist, chiropractor)  
Multi-family Housing (i.e., apartments, public housing)  
Office (i.e. insurance, law, accounting)  
Other

Personal Service (i.e., hair or nail salon, tutoring service)

Public/Gov't (i.e., government facility, fire department)

Repair Service (i.e. gas station, welding service)

Retail (i.e., grocery or convenience store, computer sales, clothing, auto parts store)

School (i.e., public or private school, nursery school)

**Emergency Contacts** Names and contact information for persons to be contacted in the event of an emergency at the business, primarily after hours.

**Alarm Type** If the business has alarms such as fire or burglary, indicate all that apply.

**Alarm Company and Telephone** Provide the name of the alarm company and a telephone number where we can contact a company representative, if necessary.