

**CITY OF LEXINGTON**

**Police Department**

**P.O. Box 938, 11 Fuller Street**

**Lexington, Virginia 24450**

**[540] 462-3705; fax [540] 463-9257**

**BUSINESS EMERGENCY CONTACT FORM**

please print or type

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

Phone at Business Location: \_\_\_\_\_ Normal Business Hours: \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Do you have an alarm system?**     **Yes**     **No**

Type of Alarm:     Hold-up     Burglary/Intrusion     Fire     Medical  
 Other (describe) \_\_\_\_\_

Alarm Monitoring Company: \_\_\_\_\_

24 hour phone number: \_\_\_\_\_

**Special Hazards** to Police, Fire or Rescue Personnel at the location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact persons** (at least two) who must respond to the alarm location if needed. Please notify Police Department of any changes in contact list by called 540-462-3705.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature** of Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Return to:**

Lexington Police Department  
P.O. Box 938, 11 Fuller Street  
Lexington, Virginia 24450

***Office Use Only:***

Entered by: \_\_\_\_\_

Date Entered: \_\_\_\_\_