

WILTON POLICE DEPARTMENT EMERGENCY CONTACT INFORMATION

BUSINESS INFORMATION

Business Name _____

Business Address _____

Suite # _____ Telephone # _____

Alarm Company Name _____

Telephone # _____

PROPERTY INFORMATION

Building Name _____

Property Owner _____

Telephone # _____

HOURS OF OPERATION

Monday – Friday _____

Saturday _____

Sunday _____

EMERGENCY CONTACT

Priority	Name	Day Phone	Night Phone	Cell Phone
1				
2				
3				
4				
5				

****Please fax this form to the Wilton Police Department (203) 834-6258****

OFFICE USE ONLY:

Date of Entry/ Last Updated _____

Entered By _____