



# NEVADA CITY POLICE DEPARTMENT

Nevada City, California



**\*\*\*CONFIDENTIAL INFORMATION\*\*\*  
FOR EMERGENCY USE ONLY**

Dear Business Owner:

Please fill out this information request form and return it with your business license application. You may return the form directly to the Police Department. The information will be held in the strictest confidence and used only to make emergency contact after hours.

Please include a minimum of two contact names & phone numbers in the order of contact preference. If your business has an alarm system, please complete the section on alarm information.

**Should any of this information change, please notify the Nevada City Police Department immediately.**

Today's Date: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Building Owner Name & Phone  
Number: \_\_\_\_\_

### Emergency Contact Names & Numbers

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

.....  
**Alarm Information**

Alarm Company: \_\_\_\_\_  
Alarm Company Address: \_\_\_\_\_  
Alarm Company Phone: \_\_\_\_\_  
Hours of primary activation for alarm system: \_\_\_\_\_

Type of alarm (please circle all that apply): **AUDIBLE**    **SILENT**    **MOTION**  
If audible, is the shutoff (please circle one): **MANUAL**    **AUTOMATIC**