



TOPSHAM POLICE DEPARTMENT
 TOWN OF TOPSHAM, MAINE
Incorporated 1764



Marc R. Hagan
 Chief of Police

William S. Collins
 Lieutenant

BUSINESS EMERGENCY CONTACT FORM

Business Name: _____

Business Address: _____

Business Phone/Fax: _____ / _____

Hours of Operation:

Mon: _____ Tue: _____ Wed: _____ Thu: _____

Fri: _____ Sat: _____ Sun: _____

CONTACT INFORMATION

Name: _____ Address: _____

Primary Contact Phone #: _____ Home Cell Other

Alternate Contact Phone #: _____ Home Cell Other

Email: _____

Contact #2

Name: _____ Address: _____

Primary Contact Phone #: _____ Home Cell Other

Alternate Contact Phone #: _____ Home Cell Other

Email: _____

Contact #3

Name: _____ Address: _____

Primary Contact Phone #: _____ Home Cell Other

Alternate Contact Phone #: _____ Home Cell Other

Email: _____



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ALARM COMPANY INFORMATION

Alarm Company Name: _____

Alarm Company Phone #: _____

Type of Alarm: _____

Knox Box: Yes No Knox Box Location: _____

Code to access building/gate: Yes No If yes, Code: _____

Cameras on Premises: Yes No How long is video preserved? _____

HAZARDOUS MATERIALS AND/OR ADDITIONAL INFORMATION

(Please provide any information on Hazardous Materials stored at your business location and an exact location where they are stored on site. You may also include any other information you believe would be helpful to the police or other emergency personnel.)

AUTHORIZATION TO REMOVE TRESPASSERS

I hereby request and authorize the Topsham Police Department to remove anyone who is trespassing or loitering on our property after normal business hours and when the business is closed.

Authorized Signature: _____

Date: _____

Name: _____

Title: _____