

Town of Thomaston Emergency Services Information Sheet

Business Emergency Notification

DATE: _____

Business Name: _____

Address: _____

Business Telephone: _____

Please provide two or more contacts, if possible, who will have keys and responsibility for the business, in the event there is an after hours emergency.

- | | | |
|---|-------------|--------------|
| 1 | Name: _____ | Phone: _____ |
| 2 | Name: _____ | Phone: _____ |
| 3 | Name: _____ | Phone: _____ |
| 4 | Name: _____ | Phone: _____ |

If your business is monitored by a security company or alarm system, please provide the following information:

Security Companies Name: _____

Security Companies Phone: _____

Type of Alarm:

AUDIBLE

SILENT

OTHER:

Please list any hazardous conditions or materials that responding emergency personnel should be aware of: (i.e. elevator shafts, bulk LP fuels or any other hazardous materials or fuels).

- | | |
|---|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |
| 4 | _____ |

Please return this form completed to the Thomaston Police Department
P.O. Box 299, 178 Main Street Thomaston, Maine 04861

If you have any questions, please call
207.354.2511 or FAX 207.354.2139