



# Beaufort Police Department

BUSINESS EMERGENCY CONTACT INFORMATION



• • • • • COMPLETE BOTH SIDES • • • • •

## About This Form

Submitting this form allows local police to **contact you**, in the event of an incident (break-in, fire, etc.) at your business. Information will be used only **in the event of an emergency**.

## Instructions

Thank you for submitting emergency contact information for your business. This information will only be used in the event of an after-hours emergency or incident at your business. Information will not be shared outside of law enforcement agencies and the fire department. All information is optional. **Business owners please note: You must contact the Beaufort Police Dept with updated or new contact information.** Updates are accepted as often as is necessary.

In the event of an incident, emergency responders may request that an authorized person respond to the business to reset a ringing alarm, represent an owner's interests, or secure the property after a fire or break-in. It would be necessary for that person to respond with keys to the property, and a proper alarm code if applicable.

Please provide the information requested below, providing as many details as possible. Contact information will be kept strictly confidential and only used for notification purposes by law enforcement and/or the fire department.

If you have questions about this form or how information will be stored and used, contact the on-duty police supervisor at 843-322-7900 or after Business hours at 843-524-2777.

## Business Information

Section 1	<b>INSTRUCTIONS:</b> If your business name is indicated by any signage on the exterior of the building, list that <b>business name</b> . If the main phone number is answered with a <b>recording</b> or automated attendant, indicate an inside phone number by which an employee can be <b>reached immediately</b> , if one is available. A separate form should be filled out for each business location or physical address.		
	BUSINESS NAME	MAIN BUSINESS PHONE # (PUBLIC)	
	BUSINESS ADDRESS	PREMISE INSIDE PHONE # (IF DIFFERENT)	
	BUSINESS CITY	NEAREST CROSS STREET(S)	TYPE OF BUSINESS (OFFICE, GAS STATION, ETC.)
Section 2	<b>INSTRUCTIONS:</b> Complete this section only if the business is monitored by a 24-hour <b>alarm company</b> , or if a <b>private security</b> firm patrols the business property. Otherwise, <b>skip</b> this section.		
	ALARM COMPANY	ALARM COMPANY PHONE # (IF KNOWN)	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
	PRIVATE SECURITY COMPANY	PRIVATE SECURITY COMPANY PHONE #	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
Section 3	<b>INSTRUCTIONS:</b> Indicate any special instructions for <b>finding</b> your business or <b>accessing</b> the business property. Also note any <b>gate codes</b> . Otherwise, <b>skip</b> this section.		
	SPECIAL INSTRUCTIONS OR DIRECTIONS	GATE CODE (IF APPLICABLE)	
Section 4	<b>INSTRUCTIONS:</b> Indicate if any <b>hazards</b> exist on site. Also note any <b>special needs</b> or <b>conditions</b> of interest.		
	HAZARDOUS MATERIALS ON SITE (INDICATE SPECIFIC LOCATION)	AED <input type="checkbox"/> Mark this box if there is a medical <b>automatic external defibrillator (AED)</b> on the premises.	

COMPLETE EMERGENCY CONTACT INFORMATION ON REVERSE SIDE

Beaufort Police Department

## Emergency Contact Information

Primary Contact	<b>INSTRUCTIONS:</b> In the event of an emergency, the dispatch center will begin with the <b>first</b> emergency contact and proceed down the list until a responsible party is notified. List contacts in your preferred notification order preference. Information will only be used in the event of an emergency. List as many contact persons as you wish.		
	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
	NOTES		
Contact 2	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
	NOTES		
	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
Contact 3	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
	NOTES		
	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
Contact 4	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
	NOTES		
	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
Contact 5	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
	NOTES		
	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)

## How To Submit This Form

<b>Mail</b> 	<b>Mail this form</b> to the Beaufort Police Department at the following address: Beaufort Police Department Attn: Records Division 1901 Boundary St Beaufort, SC 29902
----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Email</b> 	<b>Email this form</b> to the Beaufort Police Department. Email to <a href="mailto:beaufortpd.recordsadmin@cityofbeaufort.org">beaufortpd.recordsadmin@cityofbeaufort.org</a>
-----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Info</b> 	To reach a <b>non-emergency</b> dispatcher, 24-hours a day, call 843-524-2777.  <b><i>For calls of an emergency nature please Dial 9-1-1.</i></b>
----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------