

**EMERGENCY CONTACT INFORMATION SHEET**

Dear Business Owner:

 The Canton Police Department is asking for your assistance in updating and maintaining a file of emergency contact phone numbers for businesses in Canton. This information is stored and maintained by the Canton Police Department and used only for Police, Fire and Medical Emergencies. The names and numbers are not released to any other outside parties or agencies. The names and numbers that you provide will aid us when responding to emergencies such as burglar or fire alarms, gas leaks or other utility problems, open windows and doors, suspicious activity and so on. Remember that emergencies can and will happen after hours.

 This program is completely voluntary but is very important and we urge you to please participate. The information gathered benefits not only the town’s emergency services, but also you and your business. Please either complete the form and mail it back to the police department or email us the information, whichever is more convenient.

 Sincerely,

 Christopher G. Arciero Chief of Police

Mailing Address:

Canton Police Department

45 River Rd.

Canton, CT 06019

Email Address: sbrodeur@cantonpd.org

**Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSON(S) TO CONTACT – PLEASE LIST AT LEAST TWO**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_