AFTER HOURS EMERGENCY CONTACT FORM

Please provide current contact information to help the Lakewood Police Department protect your property in the event of an after-hours emergency at your business. All information is confidential. If you have questions, call 303-987-7111. Mail or fax the completed form to the Lakewood Police Department Communications Center, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-763-6828.

Business Name					
If Storefront sign is d	ifferent, please indicate t	that name her	re		
Exact Business Addre	ess (please include Unit #	<u>#)</u>			
Gate Code (apts, stora	age facilities etc)				
Is this business operate	ting out of your home?	Yes	No		
Local Business Phone					
Please check applicab	ole #'s: Landline	Cell		VOIP	
Type of Business (bar	k, tavern, etc) Hours of Operation				
Alarm Company	Pho	one			
Alarm System (please	e check all that apply)	Silent	Holdup	Audible	
someone is needed to numbers, not daytime		rs emergency	. List after-hou	irs LOCAL	
		Position_			
Home Address			Do 200		
Phone	Cell Phone	PagerPosition			
Phone	Cell Phone		Pager		
		ll PhonePager Position			
Home Address		1 05111011_			
	Cell Phone		Pager		
Please provide addition hours emergency (for	onal information to help example: guard dogs, e	protect your imployees are	business in case	e of an after-	
Signature	Print Name		Date		