



Van Alstyne Police Department

Business Emergency Contact

Business Name: _____

Mailing Address: _____

Physical Address: _____

Phone #: _____ Fax #: _____

Hours of Operation: _____

Alarm Co: _____

Alarm Co Phone #: _____

After Hours Contact Information

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Other: _____ Other: _____

Do you wish to be contacted if the building is unsecured? Yes _____ No _____

**The above information will ONLY be used by the
Van Alstyne Police Department in the case of an emergency.**

If you would like to add any other information please attach on separate sheet of paper.

If any of the information changes please update the department so we will be able to contact you if needed.