

112 Broad Street • Cloverdale, CA 95425 • Phone: (707) 894-2150 • Fax: (707) 894-5203

Cloverdale Police Department Business Information for Emergency Contact

Please complete and return this form to the Cloverdale Police Department. The information is used in the event Cloverdale Police Department responds to your business for an emergency. If requested by an officer, a police dispatcher will contact you or your agent anytime day or night to respond.

Business Name:	
	Business Fax:
Business Owner Name/Manager Name:	
Business Owner/Manager Main Contact Phone Num	ber:
Business Owner/Manager After-Hours Contact Phon	e Number:
List Names of Persons Who Have Entry Access to th	e Property and Will Respond in an Emergency
Call 1st: Name:	Address:
Phone:	Alt Phone:
Call 2nd: Name:	
Phone:	Alt Phone:
Call 3rd: Name:	Address:
Phone:	Alt Phone:
Is there an alarm at this location? ☐ Yes ☐ No	
Type of alarm (burglary, fire, panic, etc.)	Silent or audible
Are there interior motion detectors? ☐ Yes ☐ No	Location(s):
	Phone
Is there a locked gate (that may prevent vehicle acce	ess)? ☐ Yes ☐ No Perimeter gate: ☐ Yes ☐ No
Does the gate require a key or combination for entry	/? □ N/A □ Key □ Combo (code is:)
Are any security guards present after-hours? ☐ Yes [□ No
Are dogs present at this location? ☐ Yes ☐ No	
If dogs are present, are they inside or outside the bu	ilding? ☐ Inside ☐ Outside ☐ Both
Other information:	
Signature of Person Completing this form:	Date: