



# NEVADA CITY POLICE DEPARTMENT

Nevada City, California



**\*\*\*CONFIDENTIAL INFORMATION\*\*\*  
FOR EMERGENCY USE ONLY**

Dear Business Owner:

Please fill out this information request form and return it with your business license application. You may return the form directly to the Police Department. **The information will be held in the strictest confidence and used only to make emergency contact after hours.**

Please include a minimum of two contact names & phone numbers in the order of contact preference. If your business has an alarm system, please complete the section on alarm information.

**Should any of this information change, please notify the Nevada City Police Department immediately.**

Today's Date: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Building Owner Name & Phone  
Number: \_\_\_\_\_

### Emergency Contact Names & Numbers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

.....  
**Alarm Information**

Alarm Company: \_\_\_\_\_  
Alarm Company Address: \_\_\_\_\_  
Alarm Company Phone: \_\_\_\_\_  
Hours of primary activation for alarm system: \_\_\_\_\_

Type of alarm (please circle all that apply): **AUDIBLE**    **SILENT**    **MOTION**  
If audible, is the shutoff (please circle one): **MANUAL**    **AUTOMATIC**