

Lower Saucon Township Police Department

Business Registration

This is a voluntary statement of information about your business establishment which will be kept in strict confidence. The information will help our police department and emergency dispatch center to better serve you and the community.

Please fill out this form with the required information. An officer will return to your business in approximately one month to retrieve it from you.

Business Name: _____ Bus Phone #: (____) _____

Business Address: _____

Type of Business: _____

Owner's Name: _____

Owner's Address: _____

Owner's Home Phone: _____

Names of persons to be contacted by Police Department Personnel in case of emergency at your business:

Contact 1:

Name: _____

Address: _____

Phone: _____

Contact 2:

Name: _____

Address: _____

Phone: _____

Contact 3:

Name: _____

Address: _____

Phone: _____

Contact 4:

Name: _____

Address: _____

Phone: _____

Alarm System Information

Alarm Company Name: _____

Alarm Type: Silent _____ Audible _____ Panic _____

Note: All alarm systems must be registered with the police department.

Hazardous materials kept in or around the business: _____

Thank you for your assistance and feel free to contact us if you have any questions or need to update your form.