



**East Providence Police Department
750 Waterman Avenue
East Providence RI 02914**

To: Business Owner / Manager

In an effort to provide efficient emergency services, the East Providence Police Department requires your assistance to update our files. Please take a moment to fill out this form. The information you provide will help facilitate police, fire and emergency medical responses to your location. In the section labeled Contact Persons, it is crucial that these people have access to the entire building, knowledge of the alarms, the authority to make decisions, and the ability to respond to the location in a reasonable amount of time. If any of the information that you provide here changes please stop by or call the police station (435-7600) for a new form. Thank you for your assistance.

General Business Information

BUSINESS NAME			
STREET	CITY	STATE	ZIP
BUSINESS PHONE 1		BUSINESS PHONE 2	
Please check the one that best describes your business			
<input type="checkbox"/> 02 Bank	<input type="checkbox"/> 09 Drug Store	<input type="checkbox"/> 20 Home/Apt./Condo	
<input type="checkbox"/> 03 Bar/Club	<input type="checkbox"/> 09 Doctor Office	<input type="checkbox"/> 21 Restaurant	
<input type="checkbox"/> 04 Church	<input type="checkbox"/> 11 Public Bldg.	<input type="checkbox"/> 22 School	
<input type="checkbox"/> 05 Office Bldg.	<input type="checkbox"/> 12 Grocery/Supermarket	<input type="checkbox"/> 23 Service Station	
<input type="checkbox"/> 06 Construction Site	<input type="checkbox"/> 14 Hotel/Motel	<input type="checkbox"/> 23 Gas Station	
<input type="checkbox"/> 07 Convenience Store	<input type="checkbox"/> 17 Liquor Store	<input type="checkbox"/> 24 Specialty Store	
<input type="checkbox"/> 08 Department Store	<input type="checkbox"/> 18 Parking	<input type="checkbox"/> 25 Other	
Please provide information on the type of alarm(s) and alarm company information			
<input type="checkbox"/> Police	<input type="checkbox"/> Fire	<input type="checkbox"/> None	
ALARM COMPANY		PHONE	

Primary Contact Person

NAME	HOME PHONE	CELL PHONE
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Secondary Contact Person

NAME	HOME PHONE	CELL PHONE
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Alternate Contact Person

NAME	HOME PHONE	CELL PHONE
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Please return this form to:
Central Communications Ceter

Records Division
East Providence Police Department
750 Waterman Ave.
East Providence, RI 02914