



Town Of
New Castle Police Department

Business Emergency Contact Form

Dear New Castle Business Owner/Manager:

Please complete this form and return it to the New Castle Police Department, 200 South Greeley Ave, Chappaqua, NY 10514. The form can also be completed Online at www.ncpd.info/business.

The information will be used in the event of an after hours emergency. Having this information will minimize the time it takes our department notify a business owner of a problem concerning their business property.

Please provide as much information as possible and keep us informed of any changes.

Business Name:
Business Address:
Business Phone Number:
Email Address:
Business Owner Name:
Type of Alarm: Burglar <input type="checkbox"/> Panic <input type="checkbox"/> Hold-up <input type="checkbox"/> Fire <input type="checkbox"/> No Alarm <input type="checkbox"/>

We recommend that you provide at least two emergency contacts

Emergency Contact #1 Name:
Emergency Contact #1 Phone Number:

Emergency Contact #2 Name:
Emergency Contact #2 Phone Number:

Emergency Contact #3 Name:
Emergency Contact #3 Phone Number:

Emergency Contact #4 Name:
Emergency Contact #4 Phone Number: