



## Upper Dublin Township Police Department

520 Virginia Drive  
Fort Washington, Pennsylvania 19034-1697  
Voice: 215-646-2101 Fax: 215-628-8976  
www.UpperDublin.net



### Commercial Establishment Emergency Contact Information Form

#### Instructions:

The Upper Dublin Township Police Department is in the process of updating the Department's database for all commercial properties within Upper Dublin Township. In order to accomplish this task, we are in need of your assistance with this matter.

1. Please complete **ALL** required information as soon as possible.
2. Print or type legibly.
3. If your business is in a shopping center, you should have a specific address to differentiate it from other stores. Please provide the "**Specific Address**", in the section that is titled as: Commercial Establishment – Address section.
4. The shopping center name is not necessary.
5. If your business is in an office building, you should have a street address and specific suite number to differentiate it from other businesses. Please provide the "**Street Address and Specific Suite Number**", in the section that is titled as: Commercial Establishment – Address section.
6. If your business does not have an alarm system, please write "**No Alarm**" in the Alarm Company Information section.

Please email, mail, or hand-deliver the completed form to the following:

**Upper Dublin Township Police Department**  
**520 Virginia Drive**  
**Fort Washington, PA 19034-1697**  
***ATTENTION: Corinne Dorn***

If you have any questions, please feel free to contact Corinne Dorn at 215-643-1600, extension 3415 or [Corinne.dorn@udpd.us](mailto:Corinne.dorn@udpd.us)

Thank you for your time and consideration with this matter.



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## Commercial Establishment Emergency Contact Information

<u>Commercial Establishment Contact Information</u>		
Name of Establishment:		
Type of Establishment:	Retail <input type="checkbox"/> Educational <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/>	
Street Number / Name:		
Suite / Tenant Number:		
Town / Zip Code:		
Phone #:		Fax #:
Email:		

<u>Emergency Contact Information (Primary)</u>		
Name of Emergency Contact:		
Street Number / Name:		
Town / Zip Code:		
Phone # (Primary):		Phone # (Alternate):

<u>Emergency Contact Information (Alternate)</u>		
Name of Emergency Contact:		
Street Number / Name:		
Town / Zip Code:		
Phone # (Primary):		Phone # (Alternate):

<u>Alarm Company Information (If Applicable)</u>		

Name of Company:		Phone #:	
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<u>Property Management Information (If Applicable)</u>		

Name of Company:		Phone #:	
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