

Bernardsville Police Department Business Registration

(Please Print)

Business Name: _____

Business Phone: _____

Business Address: _____

Fax Number: _____

Business Owner's Name: _____

Home Phone/Pager: _____

Home Address: _____

Building Owner's Name: _____

Home Phone/Pager: _____

Home Address: _____

Alarm Company's
Name: _____

Phone: _____

Address: _____

Emergency Contacts

(Please list the person that is the closest to contact in case of an emergency)

1. Name: _____

Phone/Pager: _____

Address: _____

2. Name: _____

Phone/Pager: _____

Address: _____

3. Name: _____

Phone/Pager: _____

Address: _____

Additional information on the back >

Date Computer Entry Completed _____

By whom
Initials: _____