

EMERGENCY INFORMATION

In the event of an emergency, the Dartmouth Police Department is requesting the following information so they will be able to contact the appropriate person.

Certificate #: _____

Business Name: _____

Address: _____

Owner's Name: _____

Address: _____

Telephone#: _____

Pager/Cell Phone#: _____

CONTACT PERSON #1

Name: _____

Address: _____

Telephone #: _____

Pager/Cell Phone#: _____

CONTACT PERSON #2

Name: _____

Address: _____

Telephone#: _____

Pager/Cell Phone#: _____