

**Marshfield Police Department**  
**1639 Ocean Street**  
**Marshfield, MA 02050**  
**781-834-6655 Fax 781-834-5591**

**Business Information sheet:**

**Business Name:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Telephone Number:** \_\_\_\_\_

**Business Fax Number** \_\_\_\_\_

**Business E-mail address** \_\_\_\_\_

**Business Web address** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Owner Phone Number:** \_\_\_\_\_

**Billing Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing Phone Number:** \_\_\_\_\_

**Alarms: Fire: Y N Police: Y N**

**Alarm Company Name:** \_\_\_\_\_

**Alarm Company Phone Number:** \_\_\_\_\_

**Is there Video Surveillance on premises?** \_\_\_\_\_

**If yes, coverage areas** \_\_\_\_\_

**CONTACTS:**

**Contacts are people who may be reached in case of emergency and are able to respond at the request of Police or Fire. List the Contacts in order of notification preference.**

**Primary Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Primary Phone Number 1:** \_\_\_\_\_ **Phone number 2:** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Secondary Contact Name** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Secondary Contact Address** \_\_\_\_\_ **Town** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Secondary Phone Number:** \_\_\_\_\_ **Phone number 2:** \_\_\_\_\_

**Secondary email address** \_\_\_\_\_

**Other Contacts Name:** \_\_\_\_\_

**Other Contacts Address:** \_\_\_\_\_

**Other Contacts Phone Number:** \_\_\_\_\_