

NIGHT REFERENCE DATA FORM

POLICE DEPARTMENT
SURFSIDE BEACH, SOUTH CAROLINA

To better serve the business community of the Town, the emergency contact listings of the Surfside Beach Police Department are once again being updated. This form, when completed by you, will greatly aid us in this endeavor. The information requested will be held in confidence and references listed will be contacted only when necessary. Should you, at any time, desire to make any change in your listing, please contact the Surfside Beach Police Department. Thank you and your cooperation is greatly appreciated.

Firm Name _____ DBA _____

Address _____ Phone Number _____

Name and Address of owner of business: _____

_____ Phone Number _____

Name and Address of owner of business: _____

_____ Phone Number _____

PERSONS TO BE CONTACTED IN THE EVENT OF AN EMERGENCY:

NAME	ADDRESS	HOME PHONE NUMBER
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NAME	ADDRESS	HOME PHONE NUMBER
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NAME	ADDRESS	HOME PHONE NUMBER
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Is there a safe on the premises? Yes _____ No _____
If so, give location _____

Can it be seen from outside? Yes _____ No _____

Is there a night-light? Yes _____ No _____

Is there a burglar alarm? Yes _____ No _____

If there is a burglar alarm, give name and phone number of alarm company, if any.

Please list on a separate sheet of paper all office equipment, giving type of equipment, make and serial number. (Include: typewriters, adding machines, check writers, cash registers, etc...)

**DO NOT WRITE BELOW THIS LINE
FOR POLICE DEPARTMENT USE ONLY**

Review Date:	Revisions:	No Revisions	Reviewing Member's Signature
_____	_____	_____	_____
_____	_____	_____	_____