

South Pasadena Police Department
Emergency Contact Form

Date: _____

Business Name: _____ Business Phone: _____

Business Address: _____ Suite/Floor: _____

Business Hours: _____ S M T W T F S

Business Type: _____

Access Points: _____ Roof Access: Yes No

Primary Contacts:

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

4. _____ Phone #: _____

Alarm Company: _____ Phone #: _____

Alarm Type: Silent or Audible Weapons on Premises: Yes No

Hazardous Material on Premises: Yes No, if yes what type: _____

Access Code (optional for gates): _____

**Please return this form to the South Pasadena Police Department, 1422 Mission Street,
South Pasadena, CA 91030, or fax to 626-403-7271**