East Providence Police Department
750 Waterman Avenue
East Providence, RI 02914

Michael Rapoza
Chief of Police

To: Business Owner / Manager,

In an effort to provide efficient emergency services, the East Providence Police Department requires your assistance to update our files. Please take a moment to fill out this form. The information you provide will help facilitate police, fire and emergency medical responses to your location. In the section labeled Contact Persons, it is crucial that these people have access to the entire building, knowledge of the alarms, the authority to make decisions, and the ability to respond to the location in a reasonable amount of time. If any of the information that you provide here later changes, please stop by or call the police station for a new form. Thank you for your assistance.

General Business Information

BUSINESS NAME:			
STREET:	CITY:	STATE:	ZIP:
BUSINESS PHONE 1:	BUSINESS PHONE 2 (if available):		

Please place a ✓ on the one that best describes your business:

- ❑ 02 Bank
- ❑ 03 Bar/Club
- ❑ 04 Church
- ❑ 05 Office Bldg.
- ❑ 06 Construction Site
- ❑ 07 Convenience Store
- ❑ 08 Department Store
- ❑ 09 Drug Store
- ❑ 09 Doctor Office
- ❑ 11 Public Bldg.
- ❑ 12 Grocery/Supermarket
- ❑ 14 Hotel/Motel
- ❑ 17 Liquor Store
- ❑ 18 Parking
- ❑ 20 Home/Apt./Condo
- ❑ 21 Restaurant
- ❑ 22 School
- ❑ 23 Gas / Service Station
- ❑ 24 Specialty Store
- ❑ 41 Auto Dealership New/Used
- ❑ 25 Other _____

Please provide information on the type of alarm(s) and alarm company information:

❑ Police ❑ Fire ❑ None

ALARM COMPANY:	PHONE:

Primary Contact Person

NAME:	HOME PHONE:	CELL PHONE:

1st Alternate Contact Person

NAME:	HOME PHONE:	CELL PHONE:

2nd Alternate Contact Person

NAME:	HOME PHONE:	CELL PHONE:

Please return this form to:

Services Division
East Providence Police Department
750 Waterman Avenue
East Providence, RI 02914
Tel: 401-435-7600 Fax: 401-431-2320