



EASTERN BERKS REGIONAL POLICE DEPARTMENT

16 WEST PHILADELPHIA AVENUE, BOYERTOWN, PA

(610) 369-3050 (610) 367-5550 / FAX (610) 369-3044



Dear Local Business Owner,

The Eastern Berks Regional Police Department provides police protection and services to Colebrookdale Township, The Borough of Boyertown and The Borough of Bechtelsville.

Eastern Berks Regional Police Department attempts to maintain current contact information on all of the businesses and commercial establishments within it's jurisdiction. The purpose of this information is so that we can contact a responsible person in the event of an after hours emergency, or situation in which the premises is found unsecured. The Eastern Berks Regional Police Department cannot accept responsibility for the security of private premises, but will make reasonable efforts to notify someone if a problem is brought to our attention.

If we don't yet have information on your business, or information has changed since you last updated it, then please complete the attached form and return it to us by mail, fax or in person. If possible, please provide names of at least three people who live within twenty minutes driving time from the business, have keys, and are authorized to make decisions affecting the physical premises in an emergency. To insure the most accurate and expeditious retrieval of this information by police officers in the field, it is also important that the name of your business, as listed on the form, be conspicuously displayed at the business location to better assist finding your business in an emergency situation.

Additionally, we encourage you to remind your colleagues in the local business community of the fact that we maintain this information, and will gladly provide forms upon request, so that other businesses can keep their information up to date.

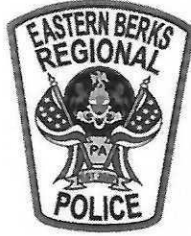
Thank you for your help so that we can better serve our community.

Sincerely,

Barry Leatherman
Chief of Police



EASTERN BERKS REGIONAL POLICE DEPARTMENT CURRENT BUSINESS INFORMATION:



BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE # _____

BUSINESS OWNER'S NAME _____

EMERGENCY CONTACT INFORMATION:

1st Emergency Contact:

NAME _____

PHONE # _____ CELLPHONE # _____

POSITION OR TITLE _____

2nd Emergency Contact:

NAME _____

PHONE # _____ CELLPHONE # _____

POSITION OR TITLE _____

3rd Emergency Contact:

NAME _____

PHONE # _____ CELLPHONE # _____

POSITION OR TITLE _____

BUSINESS ALARM INFORMATION: (PLEASE FILL OUT THIS SECTION IF IT PERTAINS TO YOUR BUSINESS)

SECURITY ALARM CO. _____

PHONE # _____

FIRE ALARM CO. _____

PHONE # _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO HAVE

Signature of Person Completing Form

Date Completed