



IRVINGTON POLICE DEPARTMENT

85 MAIN STREET
IRVINGTON, NEW YORK 10533
(914) 591-8080
www.irvingtonpolice.com

Dear Business Owner,

Attached, please find a Business Registration Form. This form requests emergency contact information for your premise. This form is sent to all offices, stores and establishments in the Village, to ensure that the data on file with the Police Department is accurate. The Information that you provide will better help us serve and contact you in case of an emergency or serious condition. I assure you that the responses you provide will be kept strictly confidential and are only for the use of our Department. I ask that you take the few minutes needed to complete the form. In the future if the conditions or contact person(s) change notify me so that I may update your record.

This form can be mailed to my attention or returned by fax (914) 591-3708. I thank you in advance for your cooperation. Please do not hesitate to contact me with any questions or concerns you may have.

Sincerely,

Sgt John Pelliccio



IRVINGTON POLICE DEPARTMENT

85 MAIN STREET
IRVINGTON, NEW YORK 10533
(914) 591-8080
www.irvingtonpolice.com

BUSINESS REGISTRATION FORM

NAME OF BUSINESS _____

Address _____

Telephone # _____ (_____) _____

Normal Business Hours: _____

OWNER OR MANAGER NAME: _____
(Last) (First)

Home Address: _____
Street City Zip

Home Telephone # : _____ (_____) _____

Cellular Phone # : _____ (_____) _____

NAME, ADDRESS AND TELEPHONE NUMBER of at least two other persons who can be reached in an emergency.

(Name) Address (_____) Phone No.

(Name) Address (_____) Phone No.

(Name) Address (_____) Phone No.

Does your premise have an active alarm system? Yes No

If yes, decal #: _____

If no, an Alarm Registration Form will be mailed to you. There is no fee to register an alarm system in the Village of Irvington.

FOR OFFICIAL USE ONLY:

Date Received

Officer