

**PINEVILLE POLICE DEPARTMENT  
BUSINESS EMERGENCY CONTACT**

Please fill out and mail or deliver to the Pineville Police department within 30 days of being issued a Pineville business license. This information will be used solely to contact designated individuals in the event of an emergency at your business during closed hours.

**Business name** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Business hours \_\_\_\_\_  
Alarm company \_\_\_\_\_

**Contact #1**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone H# \_\_\_\_\_ Cell# \_\_\_\_\_

**Contact #2**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone H# \_\_\_\_\_ Cell# \_\_\_\_\_

**Contact #3**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone H# \_\_\_\_\_ Cell# \_\_\_\_\_

Do you have a Pineville Police sticker on your front window or door?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the number on the sticker? \_\_\_\_\_

Please mail to

Pineville Police Department  
**ATTN. Tammy Watson**  
P.O. Box 249  
Pineville, NC 28134