	Arlington Heights Police Department **Emergency Information Card**

Name (Firm or Residence)	Address/City
Telephone Number	Date Information Obtained

IN CASE OF EMERGENCIES; CALL:

	Name	Address/City	Phone #	Cell Phone #
1.				
2.				
3.				
4.				

ALARM SYSTEM ☐ YES ☐ NO

Name of Alarm Company: _____ Phone #: _____