



# NIGHT DIRECTORY INFORMATION LISTING

The information below is required by the personnel of your local police division to enable them to locate a responsible representative of your company outside of the usual business hours. Contact will only be made in an emergency situation involving your company.

<b>POLICE USE ONLY</b>
Patrol Area
Zone

Name of Company or Business		Date	
Address of Company		Unit No.	Postal Code
Company Telephone No. and Area Code (      )		Company Fax No. and Area Code (      )	
Type of Building <input type="radio"/> Storey <input type="radio"/> High Rise <input type="radio"/> Mall <input type="radio"/> Plaza <input type="radio"/> Residential <input type="radio"/> Other (specify) _____			
Type of Business			
Location of Safe (if any)			Safe visible from street: <input type="radio"/> YES <input type="radio"/> NO
Outside lights left on: <input type="radio"/> YES <input type="radio"/> NO	Inside lights left on: <input type="radio"/> YES <input type="radio"/> NO	Security Officer on Premises: <input type="radio"/> YES <input type="radio"/> NO	
Video Equipment: <input type="radio"/> YES <input type="radio"/> NO	Interior Surveillance: <input type="radio"/> YES <input type="radio"/> NO	Exterior Surveillance: <input type="radio"/> YES <input type="radio"/> NO	
Is premises Alarmed? <input type="radio"/> YES <input type="radio"/> NO	Type of Alarm Used (if any): (i.e. Motion, Perimeter, Vault, Hold-up Panic, Video Camera)		
Name of Alarm Company		Telephone No. (      )	

## IN CASE OF EMERGENCY NOTIFY

### Name of Key Holders

Name (Surname, G1)	Position with Company	Address and Postal Code	Area Code and Telephone No.
1.			
2.			
3.			
4.			

Please indicate specifically what substances on your premises are:

Toxic \_\_\_\_\_  Dangerous \_\_\_\_\_

Volatile \_\_\_\_\_  Other (specify) \_\_\_\_\_

Please mail this completed form to your local police division. For your assistance, the address and telephone of the police division is checkmarked on the reverse of this form.

**PLEASE ADVISE YOUR LOCAL POLICE DIVISION OF ANY CHANGES.**

The request for information is made by: \_\_\_\_\_  
Surname, G1 Rank Badge No. Unit

**Mail to:** Toronto Police Service, 42 Division  
attn. Night Directory Unit  
242 Milner Avenue East  
Toronto, ON M1S 5C4

**or fax to:** 416-808-4202

**or bring in person to the 42 Division**

