

Hamilton Police Service

NIGHT LISTING INFORMATION

INFORMATION MUST BE COMPLETED IN FULL (Please print)

BUSINESS NAME					
APT./UNIT #	NUMBER	STREET NAME		TYPE	DIRECTION
MUNICIPALITY		POSTAL CODE		(AREA CODE)	TELEPHONE #
COMMENTS (i.e. dog in compound, night lights on, etc.)					

LIST KEYHOLDERS IN THE ORDER TO BE CALLED

SURNAME		GIVEN NAME		DATE OF BIRTH	(AREA CODE)	TELEPHONE #
APT./UNIT #	NUMBER	STREET NAME (TYPE & DIRECTION)		MUNICIPALITY		
SURNAME		GIVEN NAME		DATE OF BIRTH	(AREA CODE)	TELEPHONE #
APT./UNIT #	NUMBER	STREET NAME (TYPE & DIRECTION)		MUNICIPALITY		
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SURNAME		GIVEN NAME		DATE OF BIRTH	(AREA CODE)	TELEPHONE #
APT./UNIT #	NUMBER	STREET NAME (TYPE & DIRECTION)		MUNICIPALITY		

Forward this completed form to:

HAMILTON POLICE SERVICE
Chief Frank Bergen
Attn.: Data Control
P.O. Box 1060, L.C.D. 1
HAMILTON, ON L8N 4C1

Fax Number: **(905)546-3892**

Telephone Data Control: **(905) 546-3893**

or drop the completed form off at your local Police Station or sub-station.

Hamilton Police Service

Night Listings Program

The Night Listings Program is a **FREE** service offered to the business community in the region by the Hamilton Police Service. This program is run separately from the Alarm Program. There are no registration or administration fees.

Perhaps, the Police drive past your business and see that your front window has been smashed out by a fallen tree. Or the business next door is on fire, the fire department is there, but there is smoke going into your business. Or the police respond to a Break and Enter incident and need to call the owner to know what property has been stolen and have you secure your business.

When you have changes to this information, you need to keep the Police informed. The changes may include:

- changes to the contact names, phone number or address; or
- an employee who is no longer in your employ; or
- whether your business has opened or closed or changed locations.

To become involved in this program or to update your information with the Police, simply complete the form on the reverse of this page. You can submit the information using a number of methods, which are listed below the form. If you have any questions about this program and require assistance, contact the Data Control Clerk, between 8:00 a.m. and 4:00 p.m. at (905) 546-3893.

Help us to help you protect your business.



To complete the form:

1. Please provide the full business name, address including unit # as applicable, postal code, phone number and date of birth.
2. In the comments section list any security particulars. i.e. dog on premise, specific lights left on, security on site. Anything you feel is important for us to know.
3. Please list, in order of contact, anyone who has keys to your business. Include their first and last names, phone number and address. Only one phone number can be registered for each Key Holder.
4. Return the form at your earliest convenience using any of the methods listed.