

BUSINESS EMERGENCY TELEPHONE CONTACT PROGRAM
PARTICIPATION FORM

By submitting this form to the Stone Harbor Police Department, I am agreeing to participate in the Emergency Telephone Contact Program. I accept, understand, and agree that this is a voluntary program administered at the sole discretion of the Stone Harbor Police Department, in coordination with the Borough with no guarantees, warranties, or promises of any kind made by the Borough to me or my family and business and that the Borough may occasionally test the system at the Borough's sole discretion. I accept, understand, and agree that the Borough of Stone Harbor owes no obligation to me, my family, or my business as a result of my participation in this program and I hereby waive any claim or cause of action of whatever nature and whenever occurring as against the Borough of Stone Harbor, its officials, officers, employees, agents and/ or volunteers that may in anyway relate to this program

BUSINESS CONTACT INFORMATION

Business Name: _____

Contact Person: _____ **Phone:** _____

Business Address: _____

Signature: _____ **Date:** _____

Complete this form and return to:
Stone Harbor Police Department
Business Emergency Telephone Contact Program
9508 Second Avenue
Stone Harbor, New Jersey 08247

