Hartford Police Department Day Care Center/ School Notification Form

Day Care Name:	License No.:
Address:	
City: Sta	te: Zip Code:
Business Phone No.: _()	Fax No.: _()
Primary Point of Contact:	
Phone numbers you wish to have on file (by priorit	
1()	3()
Landline ☐ TDD/TTY Number ☐	Landline ☐ TDD/TTY Number ☐
Cellphone ☐ Text messages? Yes ☐ No ☐	Cellphone ☐ Text messages? Yes ☐ No ☐
2()	4()
Landline □ TDD/TTY Number □	Landline ☐ TDD/TTY Number ☐
Cellphone ☐ Text messages? Yes ☐ No ☐	Cellphone ☐ Text messages? Yes ☐ No ☐
Emails you wish to have on file (<i>by priority</i>): 1 2	3. 4.
Return completed form to: Hartford Police Department Office of the Chief of Police 253 High Street Hartford, Connecticut 06103-1041 Attn: Daycare/School Emergency Notification I	Program Harford Police Use Only Received: Entered: Area: NE NW SE SW

Privacy Notice and Disclaimer The Hartford Police Department will not share or distribute personal information gathered by this form and will use it solely for the purpose of providing community emergency notifications.