



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.

POLICE USE ONLY
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:

<input type="checkbox"/> Toxic _____	<input type="checkbox"/> Dangerous _____
<input type="checkbox"/> Volatile _____	<input type="checkbox"/> 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.

**MAIL TO: TORONTO POLICE SERVICE
OFFICER IN CHARGE
(ATTENTION NIGHT DIRECTORY UNIT)**

11 DIVISION
2054 Davenport Road,
Toronto, Ontario.
M6N 1C8
Ph. # (416) 808-1100
Fax # (416) 808-1102

12 DIVISION
200 Trethewey Drive,
Toronto, Ontario.
M6M 4B7
Ph. # (416) 808-1200
Fax # (416) 808-1202

13 DIVISION
1435 Eglinton Avenue West,
Toronto, Ontario.
M6C 3Z4
Ph. # (416) 808-1300
Fax # (416) 808-1302

14 DIVISION
350 Dovercourt Road,
Toronto, Ontario.
M6J 3E3
Ph. # (416) 808-1400
Fax # (416) 808-1402

22 DIVISION
3699 Bloor Street West,
Toronto, Ontario.
M9A 1A2
Ph. # (416) 808-2200
Fax # (416) 808-2202

23 DIVISION
5230 Finch Avenue West,
Toronto, Ontario.
M9V 0A1
Ph. # (416) 808-2300
Fax # (416) 808-2302

31 DIVISION
40 Norfinch Drive,
Toronto, Ontario.
M3N 1X1
Ph. # (416) 808-3100
Fax # (416) 808-3102

32 DIVISION
30 Ellerslie Avenue,
Toronto, Ontario.
M2N 1X8
Ph. # (416) 808-3200
Fax # (416) 808-3202

33 DIVISION
50 Upjohn Road,
Toronto, Ontario.
M3B 2W1
Ph. # (416) 808-3300
Fax # (416) 808-3302

41 DIVISION
2222 Eglinton Avenue East,
Toronto, Ontario.
M1K 2M4
Ph. # (416) 808-4100
Fax # (416) 808-4102

42 DIVISION
242 Milner Avenue,
Toronto, Ontario.
M1S 5C4
Ph. # (416) 808-4200
Fax # (416) 808-4202

43 Division
4331 Lawrence Avenue East,
Toronto, Ontario.
M1E 2T1
Ph. # (416) 808-4300
Fax # (416) 808-4302

51 DIVISION
51 Parliament Street,
Toronto, Ontario.
M5A 2Y5
Ph. # (416) 808-5100
Fax # (416) 808-5102

52 DIVISION
255 Dundas Street West,
Toronto, Ontario.
M5T 2W5
Ph. # (416) 808-5200
Fax # (416) 808-5202

53 DIVISION
75 Eglinton Avenue West,
Toronto, Ontario.
M4R 2G9
Ph. # (416) 808-5300
Fax # (416) 808-5302

54 DIVISION
41 Cranfield Road,
Toronto, Ontario.
M4B 3H6
Ph. # (416) 808-5400
Fax # (416) 808-5402

55 DIVISION
101 Coxwell Avenue,
Toronto, Ontario.
M4L 3B3
Ph. # (416) 808-5500
Fax # (416) 808-5502