



# TAYLOR MILL POLICE DEPARTMENT

## BUSINESS CONTACT FORM

BUSINESS NAME:	DATE:	
	PHONE #:	
BUSINESS ADDRESS:		
TYPE OF ALARM SYSTEM: (MARK ALL THAT APPLY) <input type="checkbox"/> NONE <input type="checkbox"/> HOLD-UP <input type="checkbox"/> FIRE <input type="checkbox"/> SILENT <input type="checkbox"/> AUDIBLE		
ALARM CO. NAME:	PHONE #:	
LOCATION OF SAFE/VAULT:	TYPE:	
LOCATION OF LIGHTS LEFT ON:		
NORMAL BUSINESS HOURS:		
JANITORIAL CO. NAME:		
NORMAL JANITORIAL HOURS:		
<b>POLICE SHOULD CONTACT THE FOLLOWING PERSONNEL IN CASE OF EMERGENCY</b>		
<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>
<b>POSSIBLE HAZARDS TO POLICE OR FIRE PERSONNEL INSIDE/OUTSIDE BUILDING:</b>		
<b>OTHER PERTINENT INFORMATION:</b>		

Signature: \_\_\_\_\_

Title: \_\_\_\_\_