

SHOREWOOD POLICE DEPARTMENT

Area _____

BUSINESS INDEX INFORMATIONAL FORM

Zone _____

DATE: _____

COMPANY NAME: _____ *PHONE: _____

SHOREWOOD ADDRESS: _____ *FAX: _____

ZIP: _____ PLEASE CHECK ONE - NEW BUSINESS [] EXISTING BUSINESS []

TYPE OF COMPANY: (Examples: Bank, Restaurant, Furniture Sales, Retail Store, Etc.)

COMPANY OWNER: _____ COMPANY OWNER: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP _____

PHONE: _____ PHONE: _____

EMERGENCY KEYHOLDER PERSONNEL PHONE NUMBERS: (List in call out order)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

ALARM SYSTEM: () Yes () NO (If yes, give the name, address and phone # of Company.)

Name of Alarm Company: _____ Phone: _____

TYPE/LOCATION OF ALARMS IN BUILDING: _____

LIST ANY HAZARDOUS MATERIAL STORED/USED: _____

LIST ANY SPECIAL SAFETY/SECURITY CONCERNS FOR POLICE: _____

FILL OUT AND RETURN OR MAIL TO: SHOREWOOD POLICE DEPARTMENT, 903 W JEFFERSON ST, 60431

Put in Cad ____ Put in LRMS ____ Sent to Wescom ____