



CENTER HARBOR POLICE DEPARTMENT
BUSINESS SECURITY INFORMATION FORM

Please read through this form completely before beginning to fill in the information requested. Should you have any questions, please feel free to contact us and we will assist you. Please fill in ALL of the information requested to help ensure the safety of our officers while checking businesses or responding to alarms. Please be sure to return both pages of this form, complete with signature and date.

Completion of this form does not guarantee your business will be safe from vandalism, burglar, or any other type of emergency, but does provide the police/fire departments with information necessary to ensure a safe and timely response.

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (if different): _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CONTACT PERSON(S) TO BE NOTIFIED IN CASE OF AN EMERGENCY: Please list at least 3 people **who have keys** and are able to respond.

Please list in the order to be called:

- | | |
|----------|------------------|
| 1. _____ | TELEPHONE: _____ |
| 2. _____ | TELEPHONE: _____ |
| 3. _____ | TELEPHONE: _____ |
| 4. _____ | TELEPHONE: _____ |

DO YOU HAVE A CLEANING CREW? _____

IF YES, NAME OF COMPANY: _____

OVER

DO YOU HAVE AN ALARM SYSTEM? _____

IF YES, COMPLETE FOLLOWING SECTION

TYPE OF ALARM: Audible _____ Silent _____ Burglary _____ Panic _____

Fire _____ Low Temp _____ Carbon Monoxide _____ Other _____

FIRE ALARMS ONLY – LOCATION OF KNOX BOX: _____

ALARM MONITORING COMPANY: _____

TELEPHONE NUMBER: _____

BUSINESSES ONLY

BUSINESS HOURS:

	SUMMER		WINTER	
	OPEN	CLOSED	OPEN	CLOSED
MONDAY	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____
SATURDAY	_____	_____	_____	_____
SUNDAY	_____	_____	_____	_____

DOES ANYONE ELSE HAVE ACCESS TO YOUR BUSINESS? IF SO, WHO?

Signature of Person
Filling out Form

Date