



# BUSINESS INDEX INFORMATIONAL FORM



## Shorewood PD & Troy FPD

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHOREWOOD ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

ZIP: \_\_\_\_\_ PLEASE CHECK ONE - NEW BUSINESS [  ] EXISTING BUSINESS [  ]

TYPE OF BUSINESS: (Examples: Bank, Restaurant, Retail Store, Etc.) \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ BUSINESS OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY KEYHOLDER PERSONNEL PHONE NUMBERS: (List in order to be called)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BURGLAR ALARM SYSTEM: (  ) YES (  ) NO (If yes, give the name, address and phone # of Alarm Co.)

NAME OF ALARM CO: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE/LOCATION OF ALARMS IN BUILDING: \_\_\_\_\_

BUILDING HAS A KNOX BOX (  ) YES (  ) NO (If yes) LOCATION: \_\_\_\_\_

LIST ANY HAZARDOUS MATERIAL STORED/USED: \_\_\_\_\_

LIST ANY SPECIAL SAFETY/SECURITY CONCERNS FOR POLICE/FIRE: \_\_\_\_\_