

# BUSINESS INFORMATION FILE

Fax this to the Mequon police Department @ 262-242-7655 or Email to [police@ci.mequon.wi.us](mailto:police@ci.mequon.wi.us)

Date form completed: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Business Owner(s): \_\_\_\_\_

Business Owner Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Building Owner: \_\_\_\_\_

Building Owner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## KEYHOLDERS PHONE NUMBERS (Names in the order to be called)

Name (Last, First, Middle Initial)	Date of Birth	Work #	Cell #	Home #

**ALARM(S):**  No  Yes If yes,  Local Alarm *or*  Call-in Alarm

Alarms Zoned:  No  Yes

• If yes, describe: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Personnel, security, cleaners, or animals on premises after hours:  No  Yes

• If yes, give location and description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_