CITY OF JUNEAU POLICE DEPARTMENT BUSINESS INFORMATION FORM

THE OF BUSINESS/INDUSTRI.	
ADDRESS:	CITY: <u>JUNEAU</u> ZIP: <u>53039</u>
DAY PHONE NUMBER:	FAX NUMBER:
E-MAIL ADDRESS:	
IN CASE OF EMERGENCY, NOTIFY TH LISTED ORDER:	HE FOLLOWING INDIVIDUAL(S) IN THE BELOW
CONTACT PERSON # 1:	
PHONE OR CELL # for #1:	
PHONE OR CELL # for #2:	
CONTACT PERSON #3:	
DAYS OPEN: S M T W TH F S (CIRCLE DAYS)	SA BUSINESS HOURS:
DOES YOUR BUSINESS HAVE AN ALAI	RM SYSTEM:YesNo
SELECT ALL THAT APPLY:	
BURGLAR FIRE	_SILENTAUDIBLEHOLD UP
DOES YOUR BUILDING HAVE A KNOX	X BOX: YesNo

DEPARTMENT TO BE	AWARE OF REGARI	DING THE SECU	RITY OF YOUR BU	JSINESS.
ARE THERE ANY HAZ AND WHERE ARE TH		LS ON THE PREM	MISES AND IF SO	WHAT ARE THEY

ALL INFORMATION OBTAINED WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR POLICE DEPARTMENT PURPOSES. THIS FORM WILL ALSO BE FORWARDED TO THE DODGE COUNTY SHERIFF DEPARTMENT SHOULD A DODGE COUNTY DEPUTY HAVE TO RESPOND TO YOUR BUSINESS WHEN A JUNEAU OFFICER IS NOT AVAILABLE AND MUST MAKE CONTACT WITH A KEY HOLDER.

MAIL OR FAX BACK TO:

JUNEAU POLICE DEPARTMENT P. O. BOX 85 JUNEAU WI 53039 FAX NUMBER (920) 386-3386 Email: cfirari@cityofjuneau.net