

Gratis Police Department
BUSINESS SECURITY CONTACT FORM

Business Name: _____

Business Address: _____

Business Phone(s): First () _____ - _____ Second () _____ - _____

Emergency Contact Person with key:

Name: _____ Contact Number() _____ - _____

Address: _____

Name: _____ Contact Number() _____ - _____

Address: _____

Normal Business Hours: _____

Alarm System? YES _____ NO _____ Cleaning Personnel? YES _____ NO _____

If a window or door is broken after business hours and a contact person cannot be reached, would you like the Police Division to secure the business at your expense?

YES _____ NO _____

Any Special Circumstances/Equipment/Hazardous Materials officers should be made aware of:

Please return this form to the Village Office or by one of the following:

FAX FORM TO: (937) 787-9095

EMAIL TO: jking@gratispolice.com