



Avondale Police Department Business Contact Form

Date: _____

Premise Information

Premise Name: _____

Property Management: _____

Address: _____ City, St, Zip: _____

Contact Name: _____ DOB: _____

Relationship / Title: _____ Phone: _____

Business Information

Business Name: _____

Alias Business Name(s): _____

Address: _____ Suite#: _____

Phone 1: _____ Phone 2: _____

Primary Business Contact Information

Contact Name: _____ DOB: _____
Same as Premise Contact Information

Relationship / Title: _____

Address: _____ City, St, Zip: _____

Phone 1: _____ Phone 2: _____

Secondary Business Contact Information

Contact Name: _____ DOB: _____

Relationship / Title: _____

Address: _____ City, St, Zip: _____

Phone 1: _____ Phone 2: _____

Alarm Information: (Check all alarm types being used at this location.)

Burglary Perimeter

Fire

Burglary Interior

Heat

Panic

Medical

Robbery

Other _____

Are the alarms registered?

Yes

No

Is there basement access?

Yes

No

Is there attic access?

Yes

No

Is there a safe?

Yes

No

Are floor plans / site maps available?

Yes

No

Are there any Hazardous Materials present?

Yes

No

What are they, and where are they located? _____

Where is the gas shut off valve located? _____

Where is the water shut off valve located? _____

Where is the fuse box located? _____

Where can a master key or key box be located? _____

Who can we contact with questions about the information on this form?

Name: _____

Phone: _____

Same as Primary Contact

Comments: _____

Alarm registration from provided:

Yes

No

Floor plans obtained:

Yes

No

Site map obtained:

Yes

No

Entered by: _____

Date: _____