

BUSINESS CHECK/AFTER HOURS NOTIFICATION DATA

BUSINESS NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____ PO BOX # _____

OWNER/OPERATORS _____

BUSINESS PHONE () _____ FAX () _____

BUSINESS HOURS _____

ALARM COMPANY _____

ALARM COMPANY PHONE () _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION

1. NAME _____ PHONE () _____

ADDRESS _____ CELL () _____

2. NAME _____ PHONE () _____

ADDRESS _____ CELL () _____

3. NAME _____ PHONE () _____

ADDRESS _____ CELL () _____

4. NAME _____ PHONE () _____

ADDRESS _____ CELL () _____

*****NOTE: IN THE FUTURE, WHEN NAMES OF AFTER HOURS PEOPLE CHANGE, PLEASE MAKE SURE YOU CALL/FAX THE POLICE DEPARTMENT TO DELETE NAMES AND ADD NEW NAMES.**

WE WOULD APPRECIATE YOU FILLING OUT THIS FORM AS SOON AS POSSIBLE AND RETURN IT TO THE BRYAN POLICE DEPARTMENT. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL 419-633-6050

YOU MAY DROP THIS FORM OFF AT THE BRYAN POLICE DEPARTMENT, FAX IT TO 419-633-6055 OR E-MAIL FORM TO BRYANPOLICERECORDS@CITYOFBRYAN.COM

THANK YOU FOR YOUR ASSISTANCE