## **BUSINESS CHECK/AFTER HOURS NOTIFICATION DATA**

BUSINESS NAME	
PHYSICAL ADDRESS	
MAILING ADDRESS	PO BOX #
OWNER/OPERATORS	
BUSINESS PHONE FAX	K BUSINESS HOURS TO
ALARM COMPANY	
ALARM COMPANY PHONE	
E-MAIL ADDRESS	
1. NAME	<u>CY CONTACT INFORMATION</u> PHONE
1. NAME	PHONE
ADDRESS	CELL
2. NAME	PHONE
ADDRESS	CELL
3. NAME	PHONE
ADDRESS	CELL
4. NAME	PHONE
ADDRESS	CELL

\*\*\*NOTE: IN THE FUTURE, <u>WHEN NAMES OF AFTER HOURS PEOPLE CHANGE</u>, 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