SYLVANIA POLICE DIVISION
BUSINESS INFORMATION SURVEY

BUSINESS NAME:_____

BUSINESS EMAIL ADDRESS:_____

ADDRESS:_____PHONE:_____

MANAGER:_____HOME PHONE:_____

ADDRESS:_____CITY:_____STATE:_____

ASSISTANT MGR._____HOME PHONE:_____

ADDRESS:_____CITY:_____STATE:_____

ALARM SYSTEM: ___NO ___YES- Alarm Company:_____

ALARM IS: ___SILENT ____AUDIBLE

DOES ALARM HAVE A RESET? ____NO ____Manual ____Automatic after_____Minutes.

IN ORDER – LIST PERSONS TO CONTACT IN CASE OF EMERGENCY:

1._____
Name address area code/phone.

2._____
Name address area code/phone.

3._____
Name address area code/phone.

DAYS OPEN FOR BUSINESS (CIRCLE)

SUN. MON. TUES. WEDS. THURS. FRI. SAT.

TIME OPEN:_____TIME CLOSED:_____

ADDITIONAL INFORMATION WE SHOULD KNOW:_____

_____

PLEASE FAX THIS FORM TO: SYLVANIA POLICE DIVISION (419)885-8914
OR MAIL TO: SYLVANIA POLICE DIVISION
6635 MAPLEWOOD AVENUE
SYLVANIA, OHIO 43560

IF YOU HAVE ANY QUESTIONS AND WOULD LIKE TO SPEAK TO AN OFFICER –OR- TO HAVE THIS FORM PICKED UP, PLEASE CALL (419)885-8902.

PLEASE NOTIFY US OF ANY CHANGES IN THE ABOVE INFORMATION.