Submit by Email

Fountain Police Department on Line Business Registration/Infromation Form

Business Name _____ Phone _____

Address _____ Type of Business _____

Days .Hours of Operation

☐ Saturday Hours _____ ☐ Sunday Hours _____

☐ Monday Hours _____ ☐ Tuesday Hours _____ ☐ Wednesday Hours _____

☐ Thursday Hours _____ ☐ Firday Hours _____

After Hours Contacts

1 st

Name/Title _____

Address _____

Phone _____ Cell Phone _____ Pager _____

2 nd

Name/Title _____

Address _____

Phone _____ Cell Phone _____ Pager _____

Alarm Coumpany _____ **Contact Phone Numer** _____

Will the Alarm Coumpany Respond? ☐ YES ☐ NO

Typ e of Alarm ☐ Silent ☐ Ringer ☐ Hold up ☐ Burglar ☐ Flashing Light

Janitorial Service ☐ Yes ☐ No Name _____ Phone _____

Do You Have A Enclosed Outside Storage Area ? ☐ Yes ☐ No Should it be Locked ? ☐ Yes ☐ No

If found open after hours do you wish to be notiifed ? ☐ Yes ☐ No Hazadours Material? ☐ Yes ☐ No

Do You Have A Guard Dog ☐ Yes ☐ No ☐ Inside ☐ Outside

☐ Security Guard and Hours _____

If You have a safe, Location _____

Special Instruction or infromation _____

Submited by / Titel _____ Date/Time _____

For Police Department Use Only

Recived by _____ Date/Time _____

Entered into CAD By _____ Date/Time _____