



**City of Fountain Police Department
Alarm Form**

CONTACT INFORMATION

Business Name: <i>Or sole proprietor name</i>		Business Phone::	
Business Address: <i>No post office box please</i>		City, State Zip	

EMERGENCY NOTIFICATION

List up to three persons who have keys or are in a responsible position. List them in the order that they should be contacted if an emergency or suspicious circumstance arises. Please attach any additional information as needed.

	Contact #1	Contact #2	Contact #3
Name:			
Phone:			
Cell Phone:			
Address:			
Position:			

HOURS OF OPERATION

Business Hours		Janitorial Service Hours	
Days	Times	Days	Times
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Sunday		Sunday	

ADDITIONAL INFORMATION

Do you have an alarm system in your business?	No	Yes		
Do you have an enclosed storage lot?	No	Yes		
When is the alarm activated?				
Will the Alarm Company Respond?	No	Yes		
Should the gate to the lot be closed and locked?	No	Yes		
If yes, do you wish to be notified after hours if we find otherwise?	No	Yes		
Do you have guard dogs?	No	Yes	Inside	Outside
Do you have security guards?	No	Yes	Hours:	
Do you have hazardous materials?	No	Yes	What Type:	
Do you have safes?	No	Yes	Location:	

Report updates/changes to Fountain Police Department @ 382-8555. It is important to keep us informed. Thank you!