

LEICESTER POLICE DEPARTMENT

BUSINESS INFO. SHEET

BUSINESS NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUILDING OWNER/LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BUSINESS HOURS: MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_

THU \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

CONTACTS IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADD.: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADD.: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADD.: \_\_\_\_\_

BURGLAR ALARM: \_\_\_\_\_ FIRE ALARM: \_\_\_\_\_

ALARM CO.: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOES ALARM RE-SET AUTO.? IF YES, HOW MANY MINUTES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IS THE ALARM AUDIBLE OR SILENT? \_\_\_\_\_

LOCATION OF GAS SHUTOFF: \_\_\_\_\_

LOCATION OF WATER MAIN SHUTOFF: \_\_\_\_\_

LOCATION OF ELECTRIC MAIN & BREAKERS: \_\_\_\_\_

LOCATION & TYPE OF SPRINKLER SYSTEM OR OTHER FIRE CONTROL: \_\_\_\_\_

NUMBER OF ENTRANCES: \_\_\_\_\_ LOCATIONS: \_\_\_\_\_

NUMBER OF EXITS: \_\_\_\_\_ LOCATIONS: \_\_\_\_\_

NOTES/COMMENTS: \_\_\_\_\_