



AFTER HOURS CONTACT PERSONS
 (Who can respond to your business with keys for your
 business within 20 minutes)

PLEASE PRINT LEGIBLY OR TYPE

APPLIES TO BUSINESSES WITHIN THE
 CITY LIMITS* ONLY

**EMERGENCY CONTACTS
 NAMES + PHONE NUMBERS**

Business Name _____

Business Type _____
 (Retail, Doctor, Childcare, Gas Station, etc.)

Business Location
 Street _____

Suisun, CA, Zip Code _____

Business Phone Number(s)
 (707) _____ (707) _____

E-mail address _____

Fax number _____

Name Home phone

1) _____

2) _____

3) _____

4) _____

Signed _____ Date _____

Title _____

ALARM MONITORING

Company Name _____

Company Phone
 () _____

NOTE: Please copy. Should there be any changes, please send us a revised copy as soon as possible. If you sell or relocate your business, let us know. Keep a blank master copy so you can send updates.

The information will be kept confidential and will only be used for official law enforcement purposes.

The Suisun City Police Department is asking you to supply the above information. The information is used to update our computer system in dispatch. If there is a problem at your business site, the information could be used to contact you after your business has closed.

We appreciate your timely response.

You are only asked to fill out this form if your business is **not a home business** and if your **building falls within the jurisdiction of the Suisun City Police Department**. Please mail or fax this completed form to:

Suisun City Police Department
 KEETRA WELLING, 701 CIVIC CENTER BLVD, SUISUN CITY, CA 94585
 Fax (707) 422-8074