

**Deerfield Police Department
Business Check Information Sheet**

Name of Business: _____

Location/Address: _____

Business Phone Number: _____

Normal Business Hours: _____

Owner/Proprietor: _____

Owner/Proprietor Phone Number: _____

Is Business Alarmed? Yes No

Is alarm monitored by Alarm Company? Yes No

If yes, what company? _____

Alarm company phone number: _____

Who do we contact in case of an alarm, open door or break in?

Primary key holder: _____

 Phone number: _____

1st Alternate key holder: _____

 Phone number: _____

2nd Alternate key holder: _____

 Phone number: _____

Additional information: