

**WELLS POLICE DEPARTMENT
BUSINESS INFORMATION SHEET**

Please Print Legibly

Business Name _____

Business Physical Location _____

Mailing Address _____

Type of Business _____ [] Year -Round [] Seasonal

Business Telephone Number(s) _____

Business Hours _____

If Seasonal, Off Season Contact Telephone Number _____

Alarmed [] Yes or [] No If yes, [] Burglar or [] Fire or [] Both

Auto Reset [] Yes or [] No [] Audible [] Silent (Hold Up)

Alarm Company Name _____

Alarm Company Address _____

Alarm Company Telephone Number _____

Emergency Contact Information

Business Owner(s) _____ Date of Birth _____

Primary Address _____

Seasonal Address, if applicable _____

Telephone Numbers (Home) _____ (Cell) _____ (Pager) _____

Email Address (optional) _____

If you wish to be contacted by the police department with police alerts, please list the email address below:

Email address _____

In case of an alarm or an incident at your business, please list the people who you wished to be contacted:

First Person to Contact _____ Date of Birth _____

Contact Number (Home) _____ (Other) _____

Second Person to Contact _____ Date of Birth _____

Contact Number (Home) _____ (Other) _____

Third Person to Contact _____ Date of Birth _____

Contact Number (Home) _____ (Other) _____

Fourth Person to Contact _____ Date of Birth _____

Contact Number (Home) _____ (Other) _____

Once a contact person is no longer affiliated with your business or for other changes, please contact Karen Almond at the Wells Police Department (207-646-9354; ask for Records section) to make necessary changes.

Additional Notes / Comments _____

Person Completing Form _____ Date _____

For Police Department Use Only

Category [] Checklist yes [] no [] Checklist Number [] Store Number []