

Forest City Police Department Merchant Contact Update Form

Date: _____

Business Name: _____

Business Address: _____

Business Mailing Address: _____

Business Phone: _____ Fax: _____ Web: _____

E-mail Address: _____

Primary Contact Name: _____ Position: _____

Home Phone: _____ Cell Phone: _____ Other: _____

E-mail Address: _____

Secondary Contact Name: _____ Position: _____

Home Phone: _____ Cell Phone: _____ Other: _____

E-mail Address: _____

Owner of Business: _____

Owner's Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Does business have alarm system? Yes No N/A

Is alarm audible? Yes No N/A

Does alarm reset automatically? Yes No

Alarm company's name: _____

Alarm company's phone: _____

Your information will not be released to third parties. It is solely for the use of the Forest City Police Department and we will contact you for police business only and/or incidents involving your business after hours.

If any of the above information changes, please call us immediately so we can update our records.