

**Batavia Police Department**  
**Business Information Form**

Business Name:

Date:

Address:

Business Phone Number:

Fax Number:

Contact #1 Name:

Address:

Phone Number:

Cellular:

Pager:

Contact #2 Name:

Address:

Phone Number:

Cellular:

Pager:

Contact #3 Name:

Address:

Phone Number:

Cellular:

Pager:

Special Information: (Guard Dogs, Hours of Operation, Special Hazards)

Is the building alarmed: Yes  No

If the building is alarmed, what type is it? Central Station  Auto Dialer  Audible Only

If an auto dialer or central station, who answers the alarm? (ex. ADT, Wells Fargo)

Does the alarm company contact a representative? Yes  No  Who?

Does the alarm ring into anyplace else? Yes  No  Where?

*Please return the completed form to the Batavia Police Department at 10 West Main St., Batavia, NY 14020 or you may fax the completed form to (585) 344-1878.*

*Thank you for your participation!*