



**MURPHYSBORO POLICE DEPARTMENT**  
**202 North 11<sup>th</sup> Street Murphysboro, Illinois 62966**  
**Tx: (618) 684-2121 Fax: (618) 684-5901 Emergency: 911**



**BUSINESS CONTACT/ALARM INFORMATION**

**Name of Business:** \_\_\_\_\_

**Address: (No P O Box's please)** \_\_\_\_\_

**Business Phone Number** \_\_\_\_\_

**Regular business hours:** \_\_\_\_\_

**Do you have employee(s)/clean-up crew in after hours? YES NO**

**Please list person(s) to be contacted in event there is a problem with/at the business. (i.e. – fire, break-in, storm damage, etc)**

1) **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Do they have a key? Yes No**  
**Title** \_\_\_\_\_

2) **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Do they have a key? Yes No**  
**Title** \_\_\_\_\_

3) **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Do they have a key? Yes No**  
**Title** \_\_\_\_\_

**Is your building alarmed? Yes No**

**If Yes: Is this an audible alarm? Yes No**

**If this alarm sounds to an off-site location, does the alarm company contact the business owner or the Police Department first?** \_\_\_\_\_

**Do you have a security camera (s) system? Yes No**

**Print name of person providing information:**

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please notify the Police Department of any changes in your contact list, as soon as possible.