Business Responsible Information Form

Return completed form via email: [keyholder@juneaupolice.com](mailto:keyholder@juneaupolice.com)

Fax: 907-586-2672 or Mail: 6255 Alaway Ave, Juneau, AK 99801

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date updated: |  | | | | | | |  | |  | |
| Business name: | |  | | | | | | | | | |
| Physical address: | |  | | | | | | | | | |
| Business is: free-standing in shopping center in mall in office building other: | | | | | | | | | | |  |
| Mailing address: | |  | | | | | | | | | |
| Business phone: | | |  | | | | | Fax: |  | | |
| Manager’s Name: | | |  | | | | | Phone: |  | | |
| Does business have an alarm? yes no | | | | | | | Is it monitored by an alarm company? yes no | | | | |
| Does business have surveillance cameras? yes no | | | | | | | | | | | |
| Alarm company name: | | | |  | | | | Alarm company phone: | |  | |
| First contact | | | | |  | | |  | |  | |
| Name: | |  | | | | | |  | |  | |
| Home address: | |  | | | | | |  | |  | |
| First phone: | |  | | | | | | Second phone: | |  | |
| Second contact | | | | |  | | |  | |  | |
| Name: | |  | | | | | |  | |  | |
| Home address: | |  | | | | | |  | |  | |
| First phone: | |  | | | | | | Second phone: | |  | |
| Third contact | | | | |  | | |  | |  | |
| Name: | |  | | | | | |  | |  | |
| Home address: | |  | | | | | |  | |  | |
| First phone: | |  | | | | | | Second phone: | |  | |
| Fourth contact | | | | |  | | |  | |  | |
| Name: | |  | | | | | |  | |  | |
| Home address: | |  | | | | | |  | |  | |
| First phone: | |  | | | | | | Second phone: | |  | |
| Months of operation and off-season contact: | | | | | |  | | | | | |

Please note any additional information pertaining to your business or alarm that might affect how JPD should respond to calls at the business ii.e.: hazardous materials or special access instructions).