

Business Responsible Information Form

Return completed form via email: keyholder@juneaupolice.com

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

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). _____