RIDGELAND POLICE DEPARTMENT

Business Contact Form

BUSINESS INFORMATION:

Business Name:__________________________________________

Street Number:________________________ Street Name (example: Rice Road) _______________________

Suite Number:________________________ Business Telephone:____________________________________

Hours of Operation:________________________________________

Number of Employees based at this Address:___________ Business Type:________________________

KEY HOLDERS INFORMATION:

Owner/Manager

Last Name: ____________________________ First Name: ____________________________

Telephone 1: ____________________________ Telephone 2: ____________________________

Keyholder

Last Name: ____________________________ First Name: ____________________________

Title: ____________________________ Telephone: ____________________________

OTHER INFORMATION:

Is the business equipped with a burglar alarm? [ ] Select One

If yes, what is the name of the alarm company: ____________________________________________

Does the business employ an outside cleaning service? [ ] Select One

If yes, what is the name of the cleaning company: ____________________________________________

Provide dates and times of cleaning services: ____________________________________________

Does your business store or sell any hazardous materials, firearms or have any type of guard or guard animal on the property? [ ] Select One

If yes, provide further information: ____________________________________________