

RIDGELAND POLICE DEPARTMENT

Business Contact Form

Print a Copy for your records

BUSINESS INFORMATION:	Date:	
Business Name:		
Street Number: Street Name (example: Richards)	ice Road)	
Suite Number: Business Telephone:	Do not include spaces or characters. example: 601856387.	
Hours of Operation:		
Number of Employees based at this Address: Busine	ness Type:	
KEY HOLDERS INFORMATION:	TO BE COMPLETED BY CITY OF RIDGELAND	
Owner/Manager PAR	RCEL ID#:	
Last Name		
First Name		
Telephone 1: Do not include spaces or example: 6018563877	r characters	
Telephone 2: Do not include spaces or example: 6018563877	r characters	
<u>Keyholder</u>		
Last Name		
First Name		
Title:		
Telephone: Do not include spaces or example: 6018563877	r characters	
OTHER INFORMATION:		
Is the business equipped with a burglar alarm?	ne	
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:		