

PLEASE RETURN TO CITY POLICE AT 97 N. BROAD ST.

BUSINESS IDENTIFICATION FOR HILLSDALE CITY POLICE

DATE SUBMITTED: _____ TYPE OF BUSINESS _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE NO. _____

HOURS OF OPERATION:

SUN	MON	TUES	WED	THURS	FRI	SAT
__ TO __	__ TO __	__ TO __	__ TO __	__ TO __	__ TO __	__ TO __

DO YOU WANT A SPECIAL WATCH ? _____

IF SO, WHAT DAY(S)/TIME? _____ (AM/PM) TO _____ (AM/PM)

DO YOU HAVE AN ALARM? _____ LINE ID _____

LIST COMPANY'S NAME / ADDRESS: _____

PLEASE LIST AT LEAST THREE (3) CONTACT PEOPLE (INCLUDE ADDRESS/PHONE)

1) _____

OWNER OF BUSINESS

2) _____

OWNER OF BUILDING, IF SAME AS BUSINESS OWNER, LIST ANOTHER KEY HOLDER

3) _____

KEYHOLDER

NOTES: _____

Any documents provided to the City of Hillsdale are subject to disclosure. Applicants hereby expressly consent to the City's reproduction of documents in response to a FOIA request.