LONE TREE POLICE DEPARTMENT

BUSINESS CONTACT FORM

DEAR VALUED MERCHANT,

TO IMPROVE OUR SERVICE & BETTER PROTECT YOUR BUSINESS, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND PROMPTLY RETURN IT TO THE POLICE DEPARTMENT AT: 9220 KIMMER DR., #120, LONE TREE, CO. 80124. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE COMMUNITY PARTNERSHIP UNIT AT (303)339-8150. THANK YOU FOR YOUR ASSISTANCE AND COOPERATION.

BUSINESS NAME:	ADDRESS IN LONE TREE, INCLUDING APPLICABLE SUITE OR UNIT #s:
BUSINESS OWNER NAME:	OWNER'S TELEPHONE NUMBERS: H: W: C:

BUSINESS PHONE: BUSINESS FAX:

EMAIL ADDRESS

Business Watch Members receive e-mails on safety information, criminal activity and trends, tips to protect you business from loss, and schedules of upcoming business watch classes.

← MAKE SURE YOU PROVIDE US WITH AN E-MAIL ADDRESS

☐ MY BUSINESS WOULD LIKE TO BE A MEMBER OF THE LONE TREE BUSINESS WATCH PROGRAM.

HOURS OF OPERATION:

WHAT TYPE OF BUSINESS DO YOU OPERATE? (PLEASE GENERALLY DESCRIBE PRODUCTS/SERVICES, TO INCLUDE PRESENCE OR USE OF HAZARDOUS MATERIALS.)

IS YOUR BUSINESS PREMISE EQUIPPED WITH ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

☐ MONEY SAFE ☐ MOTION-ACTIVATED EXTERIOR LIGHTING ☐ SECURITY CAMERA(S); INTERIOR, EXTERIOR, BOTH

TYPE OF ALARM ☐ AUDIBLE ☐ SILENT CLASS OF ALARM ☐ INTRUSION ☐ PANIC ☐ HOLDUP ☐ MEDICAL

NAME OF ALARM COMPANY:	ADDRESS OF ALARM COMPANY:	PHONE NUMBER OF ALARM COMPANY:

☐ PRIVATE SECURITY OR JANITORIAL PERSONNEL; IF SO, LIST COMPANY NAME(S), CONTACT #, DAYS/HOURS PRESENT

IN THE EVENT OF AN EMERGENCY, THE POLICE DEPARTMENT WILL CONTACT THE FOLLOWING *KEYHOLDING* EMPLOYEES IN THE LISTED PREFERENCE ORDER:

#1 NAME	TITLE	ADDRESS	PHONE NUMBER:
#2 NAME	TITLE	ADDRESS	PHONE NUMBER
#3 NAME	TITLE	ADDRESS	PHONE NUMBER

FOR OFFICE USE ONLY:

_____ ORIGINAL _____ UPDATED _____ SENT TO DISPATCH DATE:_____