



TOWN OF PARKER POLICE AND FIRE DEPARTMENT INFORMATION

DATE

(THIS FORM IS TO BE FILLED OUT BY **ALL COMMERCIAL** BUSINESSES LOCATED IN PARKER)

Business Information	NAME OF LOCAL BUSINESS (Physical Name on Outside of Building)		LOCAL BUSINESS PHONE NUMBER
	BUSINESS LOCATION ADDRESS (No PO Box)		CITY STATE ZIP + 4
	BUSINESS OWNER NAME		HOME PHONE NUMBER (Confidential)
	BUSINESS OWNER HOME ADDRESS (Confidential)		CITY STATE ZIP + 4
	NORMAL OPENING TIME (Confidential)	NORMAL CLOSING TIME (Confidential)	EXCEPTIONS TO NORMAL TIMES (Confidential)

Emergency Information	LIST THREE PERSONS IN <i>THE ORDER THAT YOU WANT THEM CALLED</i> IN THE EVENT OF AN EMERGENCY: (Confidential)				
	1) NAME	TITLE	ADDRESS	CITY	PHONE
	2) NAME	TITLE	ADDRESS	CITY	PHONE
	3) NAME	TITLE	ADDRESS	CITY	PHONE
	DO YOU HAVE AN ALARM? <input type="checkbox"/> Yes <input type="checkbox"/> No			IS THE ALARM SILENT OR AUDIBLE? <input type="checkbox"/> Silent <input type="checkbox"/> Audible	
	IS THE ALARM U/L APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, WHAT TYPE OF ALARM? <input type="checkbox"/> Burglar <input type="checkbox"/> Holdup <input type="checkbox"/> Fire		
	NAME OF ALARM COMPANY	ADDRESS OF ALARM COMPANY	CITY	STATE ZIP	PHONE NUMBER
	LOCATION OF SAFE	LOCATION OF LIGHTS LEFT ON	LOCATION OF MAIN WATER SHUTOFF		
	DO YOU HAVE A KNOXBOX? <input type="checkbox"/> Yes <input type="checkbox"/> No		KNOXBOX LOCATION		
	REMARKS: (List any possible hazards to Police or Fire personnel)				