



JACKSON POLICE DEPARTMENT

Ed Sisneros, Chief of Police • 33-D Broadway • Jackson, CA. 95642 • 209-223-1771

BUSINESS PREMISES RECORD

Please Type or Print

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Phone(s): _____ Email: _____

Nearest cross street and/or alleyway: _____

Owners Name: _____

Owners Mailing Address: _____

Owners Phone(s): _____

IF YOUR BUSINESS HAS AN ALARM, PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Self Installed Alarm:** YES NO (If Yes, skip to question #3)
- Alarm Company:** _____ Phone: _____
- Alarm Panel Location:** _____
- Type of Alarm:** Silent (to Alarm Co. Only) Audible
- Reset Time:** _____ **Reset Code:** _____

DOES YOUR BUSINESS HAVE ANY OF THE FOLLOWING HAZARDS ON PREMISES?:

- Hazardous Material (ie. Paints, solvents, etc.)** YES NO (If YES, explain type & location)

- Dog:** YES NO Location: _____ Dogs Name: _____
Breed: _____ Hours dog on Premises: _____
- Weapons:** YES NO Type: _____
Location: _____
- Other:** _____

LIST, IN ORDER OF PRIORITY, PERSONS TO CONTACT AFTER HOURS IN THE EVENT OF AN EMERGENCY:

(Circle Y=YES N=NO)

- | | | | |
|----------|--------------|---------------------|-----------------|
| 1. _____ | Phone: _____ | Respond? Y N | Key? Y N |
| 2. _____ | Phone: _____ | Respond? Y N | Key? Y N |
| 3. _____ | Phone: _____ | Respond? Y N | Key? Y N |

OTHER INFORMATION: _____

* IF POSSIBLE, please furnish a map of the premises showing exits, entrances, windows and interior walls on back. (an informal sketch will be sufficient)