

Lincoln Police Department
Business Information Sheet
To be completed by Proprietor or Manager
Please Print Clearly

Name of Business: _____

Business Street Address: _____

Business Mailing Address: _____

Primary Business Telephone Number: _____

Secondary Business Telephone Number: _____

Business Fax Number: _____

Proprietor: _____ **Home Telephone Number:** _____

Occasionally it is necessary for the Lincoln Police Department to contact a key holder from your business after normal business hours. We would make contact in emergency situations such as fire or burglary. We would also make contact in situations such as alarms and open doors, as it is necessary for someone to secure the building. Please list (in order) the names and home telephone numbers of up to three people we should contact. Proprietors please list yourself if appropriate. Consider the distance between the individual's home and the business when making this determination.

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

Is your business currently alarmed? _____

If so, check the following that apply: Intrusion (burglary) _____ Motion _____ Fire _____ Hold Up _____ Other _____

Alarm Monitoring Company: _____

Signature or preparer: _____ **Title:** _____

Date: _____

Please complete this form and mail it to the address below, return it in person or by fax (603-745-8694).

Lincoln Police Department
PO Box 488
Lincoln, NH 03251
Telephone: 603-745-2222
Fax: 603-745-8694

The information in this form is confidential and will only be available to the Lincoln Police Department personnel.