BUSINESS CONTACT FORM

Dear Business Owner,

We are requesting the following information of all businesses in the Town of Belmont so that we may update our files so that we can refer to it in the event that there is a problem at your place of business. It is your responsibility to notify us of any changes that may take place. Thank you for your cooperation. If we can be of any further assistance, please call.

BUSINESS NAME: __________________________________________________________

MAILING ADDRESS: _________________________________________________________

STREET LOCATION: _________________________________________________________

PHONE: ___________________________ FAX: ___________________________

OWNER: _________________________________________________________________

OWNER ADDRESS: _________________________________________________________

EMERGENCY CONTACT(S)

NAME: __________________________________________ PHONE: ____________________

NAME: __________________________________________ PHONE: ____________________

NAME: __________________________________________ PHONE: ____________________

ALARMs

COMPANY SUPPLIED AND SERVICE BY: ___________________________

COMPANY ADDRESS: _________________________________________________

COMPANY PHONE: ___________________________

ALARMs

INTERIOR MOTION ☐ HOLD UP ☐ AUDIBLE ☐

PERIMETER ☐ FIRE ☐ PANIC ☐

LOW BATTERY ☐ SILENT ☐