



PAOLA POLICE DEPARTMENT

To Protect and Serve

Business Information Sheet

Business Name: _____

Address: _____ Phone: _____

Call 1st: _____ Phone: _____

Call 2nd: _____ Phone: _____

Call 3rd: _____ Phone: _____

Building Owner: _____

Address: _____ Phone: _____

Do the doors have adequate modern locks: Front: Yes No Rear: Yes No

Safe: None Easily Visible Concealed

Alarm System Employed? Yes No

Type of Alarm? Hold up Burglary/Intrusion Fire Medical Other

Alarm Company: _____

Alarm Company Phone:

Is there video on the property? Yes No

If so, who maintains the video equipment? _____

Date updated: _____ By: _____