

(Complete this form and return with privilege license renewal/application)

CHIEF RONNIE BOWEN

AMORY POLICE DEPARTMENT

PHONE 662-256-2676 FAX 662-256-6330

200 South Main Street, Amory, MS 38821-4227

Please provide the following information for the City of Amory Police Department to help in our efforts to provide you with the highest level of service and protection. Please contact us at any time with your concerns about patrol of your property, alarm calls, and/or other matters regarding your business.

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

PHYSICAL ADDRESS

BUSINESS PHONE #: _____ (for contact during business hours)

MAILING ADDRESS : _____

IF DIFFERENT FROM PHYSICAL ADDRESS

(CHOOSE ONE)

Alarm System at Business Location? Yes ___ No ___ Name of Alarm Company _____

(CHOOSE ONE)

Alarm Audible at Business Location? Yes ___ No ___ Contact Number for Alarm Company _____

If Alarm is audible, how long will the horn sound after activation? _____

Will the Alarm reset: _____ Automatically

(choose one) _____ Manually Only (Requires Keyholder to physically reset Alarm at Business Location)

Hazardous Materials at Business Location? ___ Yes ___ No If Yes, list any materials stored on your business property that are flammable and/or toxic in the event of a spill or fire. Indicate general location of the material in the building or on the property (i.e. "inside the building /rear west side" , " in storage building on north end of property"etc)

Please let us know if there are certain areas of the property, specific windows or doors or any other parts of the business, that need special attention by Patrol Officers checking the business after hours.

List individuals to be contacted after hours about alarms or other problems at your business. List the names and numbers in the order they should be contacted. Please provide names and numbers even if there have been no changes since last year so we can be sure that we have correct information on file for current keyholders. We request you keep the Police Department up to date on any changes in contact information.

	NAME	PHONE NUMBER #1	PHONE NUMBER #2
1			
2			
3			
4			
5			
6			