

**Woodridge Police Department
Business Notification Sheet**

In order for emergency service personnel to respond to your business, the following information must be provided. In the event that your below listings change, it will be the responsibility of the business owner/manager to notify the Woodridge Police Department in writing of the changes.

Please Print or Type

BUSINESS NAME
BUSINESS ADDRESS
BUSINESS PHONE NUMBER
BUSINESS FAX NUMBER
E-MAIL ADDRESS FOR BUSINESS
ALARM COMPANY NAME/ADDRESS/PHONE NUMBER
BUSINESS OWNER'S NAME, HOME ADDRESS AND HOME PHONE NUMBER

MANAGER'S NAME	MANAGER HOME ADDRESS	MANAGER HOME PHONE/CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #1	HOME ADDRESS	HOME PHONE OR CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #2	HOME ADDRESS	HOME PHONE OR CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #3	HOME ADDRESS	HOME PHONE OR CELL/PAGER

BUSINESS NOTIFICATION SHEETS

BUSINESS HOURS	OPEN	CLOSE
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

Do you have an alarm? Yes: No:

What type of alarm do you have? Burglar: Fire: Hold up: Panic: Other:

Alarm Installer/Monitoring Station: _____

Address _____ Phone number: _____

Direct Hook up? Yes: No: To police? Yes No Fire? Yes No Hardwire? Radio?

Please indicate any special instructions you would like the Woodridge Police Department to know when responding to your alarm? (use separate page if necessary)

Are there any weapons on the premises? Yes: No:

If the answer to the above question is yes, where are they and what kinds of weapons are they? **Be specific** (use separate page if necessary)

Are there guard dogs on the premise/property? Yes No

If the answer to the above question is yes, when are the dogs on the premise/property? Where are the dogs on the premise/property? **Be specific** use separate page if necessary.

Under the right to know law, are any substances stored at your premise/property the require material safety data sheets?
Yes No

**Please attach each M.S.D.S. to this document. List the location of each substance. If special care is required to any substance please indicate this.
Please be specific.**

In the event that the above named business is found to be unsecured, I.E., unlocked or where an entrance door or a window if found to be open when the premises are not occupied after business hours, I hereby authorize the officers of the Woodridge Police Department to enter the above named business for the purpose of protecting persons and property and to search for possible intruders.

Signature: _____

Date: _____