



GENEVA-ON-THE-LAKE POLICE DEPARTMENT BUSINESS CONTACT FORM



Business Name: _____ Phone Number: _____

Address: _____

Alarm System? Yes / No Alarm Company: _____

Owner Information:

Name: _____ Phone Number: _____

Address: _____

Emergency Contact:

1.) Name: _____ Phone Number: _____

Key Holder? Yes / No

2.) Name: _____ Phone Number: _____

Key Holder? Yes / No

3.) Name: _____ Phone Number: _____

Key Holder? Yes / No

Additional Information: _____

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