



**POLICE AND FIRE DEPARTMENT INFORMATION**  
**Please Notify the Police Department of Any Changes Immediately**  
**Call: 970-339-2441**

(THIS FORM IS TO BE FILLED OUT BY ALL NON RESIDENTIAL BUSINESSES LOCATED IN EVANS)

<b>Business Information</b>	BUSINESS NAME			PHONE NUMBER		
	BUSINESS LOCATION ADDRESS (No PO Box)			CITY	STATE	ZIP + 4
	BUSINESS OWNER NAME			HOME PHONE NUMBER (Confidential)		
				CELL NUMBER (Confidential)		
	BUSINESS OWNER HOME ADDRESS (Confidential)			CITY	STATE	ZIP + 4
NORMAL OPENING TIME (Confidential)	NORMAL CLOSING TIME (Confidential)	EXCEPTIONS TO OPEN/CLOSE TIMES (Confidential)				
LIST THREE PERSONS IN <i>THE ORDER THAT YOU WANT THEM CALLED</i> IN THE EVENT OF AN EMERGENCY: (Confidential)						
1) NAME	TITLE	ADDRESS		CITY	PHONE NUMBER	
					CELL PHONE	
2) NAME	TITLE	ADDRESS		CITY	PHONE NUMBER	
					CELL PHONE	
3) NAME	TITLE	ADDRESS		CITY	PHONE NUMBER	
					CELL PHONE	
DO YOU HAVE AN ALARM IN YOUR BUILDING? <input type="checkbox"/> Yes <input type="checkbox"/> No			IS THE ALARM SILENT OR AUDIBLE? <input type="checkbox"/> Silent <input type="checkbox"/> Audible			
IS THE ALARM U/L APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, WHAT TYPE OF ALARM? <input type="checkbox"/> Burglar <input type="checkbox"/> Holdup <input type="checkbox"/> Fire				
NAME OF ALARM COMPANY	ADDRESS OF ALARM COMPANY		CITY	STATE	ZIP	
					PHONE NUMBER	
LOCATION OF SAFE		LOCATION OF LIGHTS LEFT ON		LOCATION OF MAIN WATER SHUTOFF		
DO YOU HAVE A KNOXBOX? <input type="checkbox"/> Yes <input type="checkbox"/> No		KNOXBOX LOCATION				
REMARKS: (List any possible hazards to Police or Fire personnel- ex. Alcohol, Drugs, Weapons, Explosives)						