

**PITTSFIELD POLICE DEPARTMENT**



**BUSINESS UPDATE**

All information listed below is considered confidential and will not be used outside Town departments

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Street Name

City/Town

State

Zip

Owner's name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Manager's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Directions to business (Include pertinent landmarks, cross street, etc.)

**Days Open/Hours Open**

Monday \_\_\_\_\_ - \_\_\_\_\_ Tuesday \_\_\_\_\_ - \_\_\_\_\_ Wednesday \_\_\_\_\_ - \_\_\_\_\_

Thursday \_\_\_\_\_ - \_\_\_\_\_ Friday \_\_\_\_\_ - \_\_\_\_\_ Saturday \_\_\_\_\_ - \_\_\_\_\_

Sunday \_\_\_\_\_ - \_\_\_\_\_

Are light lefts on after hours?  Yes  No If yes, where? \_\_\_\_\_ -

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

Name	Daytime Phone	Evening Phone	Keys
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Alarm System**  Yes  No • **Intrusion**  Yes  No • **Fire**  Yes  No

If so, Company Name \_\_\_\_\_

Do you employ a security service after hours?  Yes  No

Alarm Company \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Do you employ a cleaning service?  Yes  No

Company Name \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Do you have any special requests, hazards, or general information?

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Please return this form to the Pittsfield Police Department or The Pittsfield Town Hall or mail to P.O. Box 98 Pittsfield, NH 03263.