



219 Chestnut Street Swanton, Ohio 43558
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Business Information Request Form - Police Division

Name of Business: _____

Address: _____

Phone: _____ Fax: _____ Type of Business: _____

Hours of operation for this business: _____

Are there any hazardous or flammable products at this business? _____

If so, what, where, and how much? _____

Key holders: (List in order you would like to be contacted. Use back of form if more space is needed.)

Name: _____ Primary #: _____ Secondary #: _____

Name: _____ Primary #: _____ Secondary #: _____

Name: _____ Primary #: _____ Secondary #: _____

Name: _____ Primary #: _____ Secondary #: _____

Name: _____ Primary #: _____ Secondary #: _____

Alarm Information:

Name of Alarm Company: _____

Is this alarm audible? _____ Is this an auto-dialer alarm? _____

If so, where does it ring into? _____

Location of alarm panel: _____ Location of panic button: _____

Protected Points: _____

Comments: _____

All information provided assists law enforcement, fire department, and EMS personnel with pertinent information when responding to and/or receiving calls to your business. All information is held confidential and only shared with agencies responding to an incident.

Authorized Signature

Job Title

Date