



Bellbrook Fire Department
 35 North West Street
 Bellbrook, Ohio 45305
 Emergency: 9-1-1
 Non-Emergency: (937) 848-3272
 Dispatcher: (937) 848-8484
 Fax: (937) 848-5196



Bellbrook Police Department
 15 E Franklin Street
 Bellbrook, Ohio 45305
 Emergency: 9-1-1
 Non-Emergency: (937) 848-8484
 Fax: (937) 848-5195



BUSINESS SECURITY INFORMATION SHEET

Please Fill Out All Blanks That Apply

DATE: _____

BUSINESS NAME: _____ TYPE OF BUSINESS: _____

ADDRESS: _____ SUITE #: _____ BUILDING #: _____

PHONE: _____ RENTAL: YES NO (CHECK ONE)

BUSINESS OWNER

NAME: _____

ADDRESS: _____ CITY _____ STATE _____

HOME PHONE: _____ OTHER PHONE: _____

BUILDING OWNER

NAME: _____ PHONE: _____

ADDRESS: _____ CITY _____ STATE _____

NORMAL BUSINESS HOURS

MONDAY-FRIDAY _____ WEEKENDS _____ HOLIDAYS _____

AUTHORIZED PERSONS ALLOWED TO BE IN BUILDING AFTER HOURS

NAME _____ PHONE _____	NAME _____ PHONE _____
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NAME _____ PHONE _____	NAME _____ PHONE _____
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(Please use extra sheet of paper if more space is needed.)

ALARM INFO: AUDIBLE SILENT BURGLARY FIRE HOLD-UP/PANIC MEDICAL MOTION NONE

DOES ALARM RESET AUTOMATICALLY? YES NO HOW LONG? _____

ALARM PANEL LOCATION: _____

SECURITY ALARM COMPANY: _____ PHONE: _____

WEAPONS ON PREMISES CASH ON PREMISES SAFE ON PREMISES

LOCATION OF SAFE: _____ ALARMED? YES NO

ARE LIGHTS LEFT ON AFTER HOURS: YES NO WHAT ROOMS: _____

ARE LIGHTS LEFT ON TIMERS: YES NO WHAT TIMES: _____

FIRE ALARM COMPANY: _____ PHONE _____

ALARM TYPE: _____

SPRINKLER COMPANY: _____ PHONE _____

SPRINKLER TYPE: _____

FLAMMABLE, COMBUSTIBLE OR HAZARDOUS MATERIALS USED OR STORED: _____



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SECURITY CONCERNS/OTHER INFO: _____

EMPLOYEES: _____ SPECIAL CONSIDERATION (DISABILITIES, ETC.) : _____

EMERGENCY CONTACTS:

NAME: _____ CALL ORDER _____

ADDRESS: _____ CITY _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____ PAGER: _____

OTHER PHONE: _____

NAME: _____ CALL ORDER _____

ADDRESS: _____ CITY _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____ PAGER: _____

OTHER PHONE: _____

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