

**WILL COUNTY SHERIFF'S POLICE
HOMER GLEN POLICING GROUP
BUSINESS DATA SHEET**

DATE: _____

PLEASE PRINT ALL INFORMATION

Name of Business _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Name of Owner _____

Manager _____

Hours of Operation _____

Will business be manufacturing, storing or selling any type of hazardous or flammable materials? Yes No

Please List _____

ALARM SYSTEM: Yes No

Type of Alarm: Burglary Fire Hold-Up

Alarm Company _____

Phone Number _____

PERSON TO BE NOTIFIED IN CASE OF AFTER HOURS EMERGENCY:

Name _____

Phone Number _____

SPECIAL CONSIDERATIONS:

Please indicate if there are any employees living on the premises, or if there are any animals on the premises.
