CITY OF AVON

POLICE DEPARTMENT

36145 DETROIT ROAD * AVON, OHIO 44011-1099 * (440) 934-1234 * FAX (440) 934-4054 * WWW.AVONPD.COM

This form is used to update our files for existing, as well as new businesses in the city. Through your cooperation in completing this form, the Avon Police Department can better serve you and your business establishment.

Once this form is completed, please return it in person, mail it to the above address or fax it to the above listed fax number.

It can also be completed on our website (www.avonpd.com) or by scanning here:

Date: _____

Business Name: _____

Address: _____ Suite/Unit# _____

Phone Number: _____ Fax Number: _____

Website: _____ Email: _____

Days/Hours of Operation:

_____

Owner: _____ Home Number: _____

Cell Number: _____

Email: _____

Property Owner: _____ Phone Number: _____

Do you have an alarm?: [ ] Yes [ ] No Is it audible?: [ ] Yes [ ] No

Name of Alarm Company: _____

Alarm Company Contact Number: _____

EMERGENCY/AFTER HOURS NOTIFICATION

Primary Contact: _____ Home Number: _____

Cell Number: _____ Email: _____

Secondary Contact: _____ Home Number: _____

Cell Number: _____

Alternate Contact: _____ Home Number: _____

Cell Number: _____

Thank You