



BUSINESS INDEX INFORMATIONAL FORM



Shorewood PD & Troy FPD

DATE: _____

BUSINESS NAME: _____ PHONE: _____

SHOREWOOD ADDRESS: _____ FAX: _____

ZIP: _____ PLEASE CHECK ONE - NEW BUSINESS [] EXISTING BUSINESS []

TYPE OF BUSINESS: (Examples: Bank, Restaurant, Retail Store, Etc.) _____

BUSINESS OWNER: _____ BUSINESS OWNER: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

EMERGENCY KEYHOLDER PERSONNEL PHONE NUMBERS: (List in order to be called)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

BURGLAR ALARM SYSTEM: () YES () NO (If yes, give the name, address and phone # of Alarm Co.)

NAME OF ALARM CO: _____ PHONE: _____

TYPE/LOCATION OF ALARMS IN BUILDING: _____

BUILDING HAS A KNOX BOX () YES () NO (If yes) LOCATION: _____

LIST ANY HAZARDOUS MATERIAL STORED/USED: _____

LIST ANY SPECIAL SAFETY/SECURITY CONCERNS FOR POLICE/FIRE: _____

Please fill out this form **completely** then **mail** to The Village of Shorewood, Attn: Building Dept., 1 Towne Center Blvd., Shorewood, IL 60404, **fax** to 815-744-6766, or **email** to buildingdept@vil.shorewood.il.us