



DOWAGIAC POLICE DEPARTMENT

*Working for the People With the People*

## Business Watch Contact Card

Complete this form and return it to the Dowagiac Police Department  
241 S. Front St. Phone: 782-9743

**Business Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Contact Names:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Business Hours:

Monday: \_\_\_\_\_ to: \_\_\_\_\_ Friday: \_\_\_\_\_ to: \_\_\_\_\_

Tuesday: \_\_\_\_\_ to: \_\_\_\_\_ Saturday: \_\_\_\_\_ to: \_\_\_\_\_

Wednesday: \_\_\_\_\_ to: \_\_\_\_\_ Sunday: \_\_\_\_\_ to: \_\_\_\_\_

Thursday: \_\_\_\_\_ to: \_\_\_\_\_

### Alarm Information

Do you have an alarm?  Yes  No If yes, what type: \_\_\_\_\_

Where is the alarm: \_\_\_\_\_ Do you have security lights?  Yes  No

Alarm Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Cleaning Crew Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_