

Haines Borough Police Department Business Keyholder Information Form

Date Updated: _____

Business Name: _____

Physical Address: _____

Business is: Free-standing in office building other: _____

Mailing Address: _____

Business Phone: _____ Fax: _____

Manager's Name: _____ Mgr. Phone: _____

Does business have an alarm? Yes No

Is it monitored by an alarm company? Yes No

Name of alarm monitoring company: _____

Alarm company's address: _____

Alarm company's phone number: _____

First Contact

Name: _____

Home address: _____

Home phone number: _____ Alternate phone/pager: _____

Second Contact

Name: _____

Home address: _____

Home phone number: _____ Alternate phone/pager: _____

Third Contact

Name: _____

Home address: _____

Home phone number: _____ Alternate phone/pager: _____

Fourth Contact

Name: _____

Home address: _____

Home phone number: _____ Alternate phone/pager: _____

Fifth Contact

Name: _____

Home address: _____

Home phone number: _____ Alternate phone/pager: _____

Please indicate the months of operation and an off-season contact: _____

Please note any additional information pertaining to your business or alarm that might affect how HBPD should respond to calls at the business.

