ANNANDALE POLICE DEPARTMENT KEY HOLDERS INFORMATION

(PLEASE PRINT REQUESTED	INFORMATION)	DATE:	
NAME OF BUSINESS: ADDRESS: PHONE NUMBER: FAX NUMBER: TYPE OF BUSINESS: BUSINESS E-MAIL ADDR BUSINESS HOURS:	RESS:		
OWNER OF BUSINESS: OWNER'S HOME ADDRE OWNER'S HOME PHONE			
PERSON(S) TO CONTACT IN	THE EVENT OF AN EMERG	ENCY: (KEY HOLDERS)	
<u>NAME</u>	<u>ADDRESS</u>	<u>P</u>	<u>IONE</u>
1. 2. 3. 4. 5.			
IS YOUR BUILDING/PREMISE	S EQUIPPED WITH AN ALA	RM SYSTEM? YES NO	
IF SO, PLEASE LIST ALARM C	OMPANY AND PHONE NUM	MBER:	
REMARKS: (KNOWN HAZARI	OS FOR RESPONDING OFFI	ICER, PROBLEM AREAS, SPEC	CIAL INSTRUCTIONS)
NOTE: IF YOU HAVE ANY QU	ESTIONS, PLEASE CONTAC	CT THE POLICE DEPARTMENT	AT (320) 274-3278.

PLEASE FAX TO (320) 274-2067, EMAIL - police@annandale.mn.us OR MAIL TO : ANNANDALE POLICE DEPARTMENT, 30 CEDAR STREET EAST, P.O. BOX K, ANNANDALE, MN 55302