



Dennis Police Department  
90 Bob Crowell Road, South Dennis, MA. 02660  
(508) 394-1315 Fax (774) 352-1442

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## Business/Site Listing Form

**Instructions:** This form is intended for use by the police department to contact a representative of your business in the event a problem is discovered or reported to the police during non-business hours. Please complete the form as soon as possible and return it to the police department at the above address. In the event you need to update this information a new form can be obtained from the police department.

Business/Site Name: \_\_\_\_\_

Prior Name of the Business, if any \_\_\_\_\_

Site Type: Business \_\_\_\_\_  
Location \_\_\_\_\_  
Residence \_\_\_\_\_ Other \_\_\_\_\_

Street Address:

\_\_\_\_\_ Street number \_\_\_\_\_ Street name \_\_\_\_\_ Unit or Suite number (if any) \_\_\_\_\_

Village \_\_\_\_\_ Phone Number \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

*(Please answer the following question "Yes" if there is an apartment or residence above or attached to the business premises and a person normally resides there.)*

Residence Attached? Yes \_\_\_\_\_ No \_\_\_\_\_

First Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number (First called) \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Second Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Business/Site Comments or Cautions:  
\_\_\_\_\_  
\_\_\_\_\_

**\* IF THE BUSINESS/SITE HAS AN ALARM SYSTEM PLEASE SEE THE BACK OF THIS FORM FOR A SEPERATE ALARM REGISTRATION.**

Signature of Business/Site Representative \_\_\_\_\_ Date \_\_\_\_\_

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*For Police Use Only*

Site # \_\_\_\_\_ Date Entered/Modified \_\_\_\_\_