

## **Oak Island Police Department Business Contact Information**

*Please fill out the requested information and return to the Oak Island Police Department at your earliest convenience.*

Business Name: \_\_\_\_\_ New Contact \_\_\_\_\_ Contact Update \_\_\_\_\_

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

Business Phone Number: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Contact Number: \_\_\_\_\_

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

Owners E-Mail: \_\_\_\_\_

1) Key Holder's Name: \_\_\_\_\_

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

2) Key Holder's Name: \_\_\_\_\_

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

3) Key Holder's Name: \_\_\_\_\_

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

Additional Information:

Alcohol Sales: Yes \_\_\_\_\_ No \_\_\_\_\_

Alarm System: Yes \_\_\_\_\_ No \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Alarm Phone Number: \_\_\_\_\_

If there is any information that you feel is important, please attach an additional sheet or place your comments on the back of this form.

Additional Information Included: Yes \_\_\_\_\_ No \_\_\_\_\_

Today's Date: \_\_\_\_\_