

**SLINGER POLICE DEPARTMENT  
EMERGENCY KEYHOLDER CONTACT INFORMATION  
(Village of Slinger Business Only)**

Today's Date

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**BUSINESS INFORMATION**

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Business Name

Type of Business and/or Main Product Produced

Year Business Started

Seasonal Yes or No

Business Phone

Business Fax

Street Address

Mailing Address (If Different Than Street Address)

EMAIL and/or Website Address

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**BUSINESS HOURS**

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SUNDAY

to

MONDAY

to

TUESDAY

to

WEDNESDAY

to

THURSDAY

to

FRIDAY

to

SATURDAY

to

Other additional  
Business hour or  
other information.  
(Please note if any  
animals are on  
premises)

The information on this form will be used by the Slinger Police Department in the event of an emergency or incident, during non-business hours at your place of business. We request that keyholders residing in the Village of Slinger be listed first as they will be contacted in the order listed.

**OWNERS/ KEYHOLDERS**

NAME	TITLE	PHONE – HOME or CELL
ADDRESS		ALTERNATE PHONE - WORK
CITY	ZIP	RESPONSE TIME (IN MINUTES)

NAME	TITLE	PHONE – HOME or CELL
ADDRESS		ALTERNATE PHONE - WORK
CITY	ZIP	RESPONSE TIME (IN MINUTES)

NAME	TITLE	PHONE – HOME or CELL
ADDRESS		ALTERNATE PHONE - WORK
CITY	ZIP	RESPONSE TIME (IN MINUTES)

**MAINTENANCE/CLEANING SERVICE ON PREMISES AFTER HOURS**

NAME (Include Business Name)	TITLE	PHONE – HOME or CELL
ADDRESS		LICENSE PLATE NUMBER
CITY	ZIP	TIME OF DAY ON PREMISES TO

NAME	TITLE	PHONE – HOME or CELL
ADDRESS		LICENSE PLATE NUMBER
CITY	ZIP	TIME OF DAY ON PREMISES TO

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## ALARM COMPANY INFORMATION

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NAME OF ALARM COMPANY

ADDRESS

CITY ZIP

PHONE NUMBER

ALTERNATE PHONE #

TYPE OF ALARM ON PREMISES: BURGLARY    FIRE    OTHER

FIREARMS ON PREMISES:    YES    NO

ALARM REGISTERED WITH WASHINGTON COUNTY SHERIFF DEPT?    YES    NO

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## OTHER PERTINENT INFORMATION ABOUT YOU BUSINESS

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Please list any information that would be helpful to emergency personnel, such as location of hazardous materials, used and/or stored, disabled individuals on premises, fire alarm panel or location of emergency lighting controls.

HAZMAT / MATERIAL NAME

ID #

OTHER

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## FINANCIAL INSTITUTION INFORMATION

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If business is a Financial Institution, please supply a brief diagram showing doors, windows and location of high security areas.

