



CARLISLE POLICE DEPARTMENT

Matt Koch
Chief of Police

195 N. 1st Street
Carlisle, Iowa 50047
515-989-4121

Dear Business Owner/Operators:

Included with this letter you will find a business information form. The information requested on this form is extremely valuable in helping us provide the best police protection and services possible. This form is designed to provide our officers with pertinent information regarding your business and facility should an incident or emergency occur after normal business hours.

Once this form has been filled out and returned, the information will also be distributed to Warren County Dispatch (911) in case an emergency does arise after hours. Please note that the information submitted on this form will remain confidential and will only be released to emergency personnel. Additionally, please remember to notify us if and when there are any changes regarding the submitted information. This form will be available at the police department or anytime at www.carlisleiowa.org/departments/police.

Please complete all areas that apply to your organization and operation. You may mail or drop off the completed form to the police department located at 195 N. 1st Street, Carlisle, IA 50047 or fax it to (515) 989-0875. You may also scan and email the form to our police clerk at: mdetrick@carlisleiowa.org. If you have any questions, please don't hesitate to contact our office at (515) 989-4121.

If we can be of any additional assistance to you and/or your business, please let us know. I would like to take this opportunity to thank you in advance for your cooperation in helping us serve and protect you better.

Respectfully,

Matt Koch
Chief of Police

Carlisle Police Department
195 N. 1st Street
Carlisle, Iowa, 50047
Office: (515) 989-4121
Emergency: 9-1-1



This report is presented to you by the Carlisle Police Department to obtain vital information needed by police personnel to help in the protection of your property. This information will remain confidential and will be used mainly after normal business hours to make contact with responsible parties should an incident or emergency occur. **WE REQUEST THAT IF ANY OF THE INFORMATION CHANGES THAT YOU PLEASE NOTIFY THE CARLISLE POLICE DEPARTMENT IMMEDIATELY.** This form will be available at www.carlisleiowa.org

BUSINESS INFORMATION REPORT

Business Name:

Date:

Address:

Telephone:

Nature of Business:

Owner(s) of Building:

Telephone:

Owner(s) of Business:

Telephone:

Address:

PLEASE LIST ALL EMPLOYEES IN RANKING ORDER TO BE CONTACTED

Name	Address	Telephone	Keys
			__Y __N
			__Y __N
			__Y __N
			__Y __N

Does your business have an alarm for:

Robbery: __Yes__ No

Burglary: __Yes__ No

Fire: __Yes__ No

Is your alarm a:

Silent __Yes__ No

Audible: __Yes__ No

Motion: __Yes__ No

Other:

Name of alarm company:

Telephone:

Recorded surveillance cameras: __Yes__ No

Name of alarm company:

Telephone:

Does your business use any hazardous materials, list type and location:

Additional information or special instructions you would like us to know about your business:

Hours of operation:

Name of person submitting this form: