Submit Completed Forms By: EMAIL: 911.center@co.genesee.ny.us - or - FAX: Attn - Communications to 585-343-9129
- or- MAIL: Genesee County Sheriff's Office, Communications Division, 165 Park Rd, Batavia NY 14020

Additional Forms can be found at: http://www.co.genesee.ny.us/departments/sheriff/dispatch.html For Official Use Only: Received By: Date: Updated By: Date: Date: **Business Name:** Physical Address: (Do Not List PO Boxes) Number Street Suite/Unit Town Zip Building/Plaza/Development/Park Name: **Business Telephone:** If automated, please provide direct line: **Business email: Business Fax: Business Owner: Phone: Business Owner Address:** Complete the following if the business rents or leases the building in which it occupies: **Building Owner/Landlord:** Phone: **Building Owner/Landlord Address:** Hours of Operation: F: M: W: R: S: S: **Occupied After hours?:** Yes No if yes, is there an after hours phone that staff will answer: Does the building have an alarm system? YES □ NO□ Silent□ Audible□ Video Surveillance? Yes□ No□ **Alarm Signal sent to:** Local/Audible Only ☐ Monitoring Call Center ☐ Auto Dialing Device \square , dials (Type: Panic □ Smoke □ Fire/Heat □ Burglary □ Other Alarm Type: **Alarm Service Provider: Phone Number: Location of Main Alarm Panel: Annunciator Panel:** In the event of an AFTER HOURS emergency (alarm, burglary, fire), who has FULL ACCESS to building and would be available to respond to the business if needed (List in the order you would like them called): Contact 1: Title: Address: Phone 1: Type: Phone 2: Type: Email: Contact 2: Title: Address: Phone 1: Type: Phone 2: Type: Email: Contact 3: Title: Address: Phone 1: Type: Phone 2: Type: Email: Contact 4: Title: Address:

Phone 2:

Type:

Phone 1:

Email:

Type: