

Madison Police Department

Business Registration Form

Please complete this form and submit by using email, post or drop off in person. The purpose of this form is to aid Police, Fire and Emergency Medical Service personnel, should there be a need to provide service(s) to your business either during regular business hours, or after normal business hours.

Name of Business:

Address of Business:

Owner(s):

Contact Number (business):

Contact Number (home):

Contact Number (mobile):

Contact Number (other):

Type of Business:

Normal Business Hours and Days of Operation:

After Hours Contact Persons. List Phone number and indicate if they are keyholders.

1:	<input style="width: 100%;" type="text"/>	Phone:	<input style="width: 100%;" type="text"/>	Keyholder Y	<input type="checkbox"/>	N	<input type="checkbox"/>
2:	<input style="width: 100%;" type="text"/>	Phone:	<input style="width: 100%;" type="text"/>	Keyholder Y	<input type="checkbox"/>	N	<input type="checkbox"/>
3:	<input style="width: 100%;" type="text"/>	Phone:	<input style="width: 100%;" type="text"/>	Keyholder Y	<input type="checkbox"/>	N	<input type="checkbox"/>

Other Pertinent Information, i.e: Toxic Chemicals on Premises, Special Medical Information etc.

Preparer: Date filed:

NOTE: If your business is serviced by an alarm company, be advised that you are required by the Madison Town Ordinances to register such alarm system with the Madison Police Department. Alarm registration forms may be obtained on-line from the Madison Police Department's website :www.madisonct.org, or in person at the Police Department. Only register your alarm if you haven't already done so. If you have any changes to the above information once this form is filed, please advise the Police Department so that your information can be updated.

MPD USE ONLY	
Received/Entered by: <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>