



# GOOCHLAND COUNTY SHERIFF'S OFFICE

## BUSINESS WATCH REQUEST

### OWNER INFORMATION

<b>Name of Owner / Renter / Manager:</b>			
Name of Business:			
<b>Address:</b>		<b>Ste #</b>	
<b>Email:</b>		<b>Phone #</b>	
<b>Business Hours:</b>			

### EMERGENCY CONTACT INFORMATION

In case of an emergency, we will attempt to contact the persons you list below. An emergency contact should be someone who can respond to the business, day or night, with a key and/or access to the alarm system if needed. Please provide the name and phone number of at least two contacts.

Name	Home Phone	Work Phone	Cell Phone

### LOCATION INFORMATION

Will lights be left on when closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which room(s)?	
Are there any dogs on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where are they located?	
Will anyone be entering or working around the business while you are gone?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above, enter their name and purpose:	<b>Name</b>	<b>Purpose</b>	
Do you have an alarm at your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to above, enter name of alarm company and phone number	<b>Company</b>	<b>Phone Number</b>	
Security Cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Viewing areas?</b>		

### VEHICLE INFORMATION

Information on any vehicles left on premises

License Plate	Make	Model	Color	Location

<b>Printed Name:</b>			
<b>Signature:</b>			<b>Date:</b>