



NORCROSS POLICE DEPARTMENT

BUSINESS WATCH REGISTRATION FORM

Please PRINT LEGIBLY or TYPE the following information:

Business Name: _____ Date: _____

Business ID# : _____ Alarm Name: _____ Alarm Type: _____

Complete Business Address (including Zip Code): _____

Business Mailing Address: _____

Business Telephone Number: _____ Fax: _____

Business Owner's Name: _____

Business Owner's Home Phone: _____

Business Owner's Cell Phone: _____

Business Email Address: _____

Manager's Name: _____

24-Hour Emergency Contacts:

Name: _____ Telephone Number: _____

Preferred Method of Contact: _____

Type of Business: _____

Normal Business Hours: _____

Are there any cameras on the premises? _____ If yes, are they inside or outside? _____

Please fax or email completed form to Norcross Police Department
(770) 448-2253 or bharr@norcrosspd.com

Office Use