Submit Completed Forms By: EMAIL: [911.center@co.genesee.ny.us](mailto:911.center@co.genesee.ny.us) - or - FAX: Attn - Communications at 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](http://www.co.genesee.ny.us/departments/sheriff/dispatch.html)

|  |  |  |  |
| --- | --- | --- | --- |
| **For Official Use Only:** |  |  |  |
| **Received By:** | **Date:** | **Updated By:** | **Date:** |
| **Business Name:** Enter Business Name | | | **Date:** Click here to add Date |

Physical Address: (Do Not List PO Boxes)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | Street | Suite/Unit | Town | Zip |
| Building/Plaza/Development/Park Name: Enter Name if applicable | | | | |

|  |  |  |
| --- | --- | --- |
| **Business Telephone:** Enter Phone | **If automated, please provide direct line:** Direct Line | |
| **Business email:** Enter email address | | **Business Fax:** Enter Business Fax |
| **Business Owner:** Enter Business Owner Name | | **Phone:** Enter Business Owner Phone |
| **Business Owner Address:** Enter Business Owner Address | | |

Complete the following if the business rents or leases the building in which it occupies:

|  |  |
| --- | --- |
| **Building Owner/Landlord:** Enter Building Owner Name | **Phone:** Enter Building Owner Phone |
| **Building Owner/Landlord Address:** Enter Owner/Landlord Address | |

Hours of Operation:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **M:** Enter | **T:** Enter | **W:** Enter | **R:** Enter | **F:** Enter | **S:** Enter | **S:** Enter |

**Occupied After hours?:** Yes No if yes, is there an after hours phone that staff will answer: After hours phone

|  |  |  |
| --- | --- | --- |
| **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 , dials Enter phone | | |
| **Type:** Burglary  Panic  Smoke  Fire/Heat | **Other Alarm Type:** Enter any other type alarm | |
| **Alarm Service Provider:** Enter Name of Alarm Company | **Phone Number:** Enter Phone # for Alarm Company | |
| **Location of Main Alarm Panel:** Enter Location | **Annunciator Panel:** Enter Location if Applicable | |

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**: Name | | | Title: Select | |
| Address: Contact 1 Address | | | | |
| Phone 1: Enter Phone | Type: Select | Phone 2: Enter Phone | | Type: Select |
| Email: Enter email | |  | | |
| **Contact 2**: Name | | | Title: Select | |
| Address: Contact 2 Address | | | | |
| Phone 1: Enter Phone | Type: Select | Phone 2: Enter Phone | | Type: Select |
| Email: Enter email | |  | | |
| **Contact 3**: Name | | | Title: Select | |
| Address: Contact 3 Address | | | | |
| Phone 1: Enter Phone | Type: Select | Phone 2: Enter Phone | | Type: Select |
| Email: Enter email | |  | | |
| **Contact 4**: Name | | | Title: Select | |
| Address: Contact 4 Address | | | | |
| Phone 1: Enter Phone | Type: Select | Phone 2: Enter Phone | | Type: Select |
| Email: Enter email | |  | | |