



RICHLAND POLICE ***DEPARTMENT***



BUSINESS / RESIDENCE KEYHOLDER AND ALARM COMPANY FORM

Business/Residence Owner: _____

Street Address: _____

Mailing Address: _____

Contact Phone #: _____ Secondary Phone #: _____

E-mail Address: _____ Fax #: _____

Alarm Address

Business Name: _____

Business/Residence Address: _____

Business/Residence Phone #: _____

Alarm Company

Alarm Company Name: _____

Alarm Company phone #: _____ 24hr #: _____

Type of Site: Residence Business Government Office School/Day Care

Type of Alarm: Burglar & Hold up/panic Burglary only
 Hold up/panic only Fire/Medical, Other
(other) _____

Key Holder Contacts

First Contact Name: _____

Primary phone #: _____ Secondary phone #: _____

Please See Other Side

371 SCARBROUGH STEET RICHLAND, MS 39218
(601) 932-3100 FAX (601) 936-4614
Email jdking@richlandmspd.com



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Second Contact Name: _____

Primary phone #: _____ Secondary phone #: _____

Third Contact Name: _____

Primary phone #: _____ Secondary phone #: _____

Fourth Contact Name: _____

Primary phone #: _____ Secondary phone #: _____

Property Details

Are there pets at the business/residence? Cats Dogs Both

Other(list) _____

Are pets kept inside or outside the business/residence? No

Can the area be accessed by the responding officers? Yes No

Is the property at the business/residence fenced and have gates that are locked? Yes No

Please list any gate codes to gain access to the property? _____

Are there any flammable or hazardous materials/liquids kept at the property? Yes No

Please list the materials and area kept.

Please return this completed form to the Richland Police Department. This information will remain confidential and kept for emergencies purposes only. If you have any questions feel free to contact the Richland Police Department. If a business/residence name or owner changes along with key holder information please provide the police department with the new information as soon as possible.