



**Watertown  
Police Department**

*Robert Kaminski, Chief of Police*

The Watertown Police Department is in process of updating a contact list for businesses and industries located within the City of Watertown.

For various reasons, police at times need to contact a responsible individual at a business or industry. We are requesting contact information for regular and afterhours contact. We are also asking for the contact information of three (3) or more individuals listed in order of priority who can respond within 30 minutes, and have keys and authorization to enter the business afterhours. All contact information given is kept confidential.

All businesses and industries are asked to complete the form listed below. This form should be completed and returned to the police department at your earliest convenience. If there are questions please contact Officer Stacy Schroeder, Crime Prevention Officer, Erin Fendt, Telecommunications Supervisor or Deb Alvarez Gerstner, Chief's Administrative Assistant.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Manager: \_\_\_\_\_ Business Email: \_\_\_\_\_

Is the business monitored by an alarm company/service? Yes No

If yes, please provide the name and telephone number of the alarm company/service: \_\_\_\_\_

\_\_\_\_\_

**AFTERHOURS KEYHOLDER INFORMATION**

Key Holder/Emergency Contact Name: \_\_\_\_\_

Home Address/Email Address: \_\_\_\_\_

Telephone/Cell Number: \_\_\_\_\_

Key Holder/Emergency Contact Name: \_\_\_\_\_

Home Address/ Email Address: \_\_\_\_\_

Telephone/Cell Number: \_\_\_\_\_

Key Holder/Emergency Contact Name: \_\_\_\_\_

Home Address/ Email Address: \_\_\_\_\_

Telephone/Cell Number: \_\_\_\_\_

\_\_\_\_\_

**INVOICING INFORMATION:** Pursuant to City Code §216-4D, a \$90 response fee is charged when the Watertown Police Dept. responds 3 or more times to a business within a 12 month period. Please provide contact information of where an invoice and documentation can be directed to:

Business Name (if different): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position/Dept.: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_