



Business Watch Contact Card

Business Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

Contact Names:

1. _____ Phone: _____
 2. _____ Phone: _____
 3. _____ Phone: _____

Business Hours:

Monday: _____ Tuesday: _____
 Wednesday: _____ Thursday: _____
 Friday: _____ Saturday: _____
 Sunday: _____

Alarm Information

Do you have an alarm: Yes No
 If yes, what type of alarm? Burglar Holdup Fire
 Is the alarm: Audible Silent
 Do you have security lights? Yes No

Alarm Company Name: _____
 Address: _____
 City, State, Zip: _____ Phone: _____

Cleaning Crew Information

Cleaning Company Name: _____
 Address: _____
 City, State, Zip: _____ Phone: _____

Would you like random business checks after closing hours? Yes No

Please mail or drop off at 101 East Main Street, Fremont, MI 49412