

**SOMONAUK POLICE DEPARTMENT
SITE MAINTENANCE FORM**

Fax to (815)498-2351

E-Mail: somonaukpolicedare@hotmail.com

DATE: _____

NEW BUSINESS: _____ UPDATED BUSINESS: _____

BUSINESS NAME: _____

EXACT STREET ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE NUMBER: _____

BUSINESS TYPE: _____

BUSINESS HOURS: _____

SPECIAL NOTES (ALARMS, ANIMALS, ETC.): _____

CONTACTS

1. NAME: _____

ADDRESS: _____

HOME TX#: (____) _____ - _____ CELL #: (____) _____ - _____

PAGER #: (____) _____ - _____ NOTES: _____

2. NAME: _____

ADDRESS: _____

HOME TX#: (____) _____ - _____ CELL #: (____) _____ - _____

PAGER #: (____) _____ - _____ NOTES: _____

3. NAME: _____

ADDRESS: _____

HOME TX#: (____) _____ - _____ CELL #: (____) _____ - _____

PAGER #: (____) _____ - _____ NOTES: _____

Prepared by: _____

Revised 08/07

4. NAME: _____
ADDRESS: _____
HOME TX#: (____) _____ - _____ CELL #: (____) _____ - _____
PAGER #: (____) _____ - _____ NOTES: _____

5. NAME: _____
ADDRESS: _____
HOME TX#: (____) _____ - _____ CELL #: (____) _____ - _____
PAGER #: (____) _____ - _____ NOTES: _____

6. NAME: _____
ADDRESS: _____
HOME TX#: (____) _____ - _____ CELL #: (____) _____ - _____
PAGER #: (____) _____ - _____ NOTES: _____

7. NAME: _____
ADDRESS: _____
HOME TX#: (____) _____ - _____ CELL #: (____) _____ - _____
PAGER #: (____) _____ - _____ NOTES: _____

8. NAME: _____
ADDRESS: _____
HOME TX#: (____) _____ - _____ CELL #: (____) _____ - _____
PAGER #: (____) _____ - _____ NOTES: _____
