



El Paso County Sheriff's Office



BUSINESS PREMISE FORM (*PLEASE PRINT CLEARLY AND LEGIBLY)

Please return completed form – Attention: Communications Center by:
Email BusinessInfo@elpasoco.com;
Fax (719) 391-8917; or
Mail to 27 E. Vermijo Ave., Colorado Springs, CO 80903

Date: _____

Business Name: _____

Business Address: _____ Suite: _____

Business Phone: _____ Alt #: _____

Days & Hours of Operation: _____

Alarm Company & Phone #: _____

Hazardous Materials: Y / N (**If YES, please notify your local fire department with the details.)

AFTER HOURS CONTACTS

1. Name/Position: _____

Home #: _____ Cell #: _____

2. Name/Position: _____

Home #: _____ Cell #: _____

3. Name/Position: _____

Home #: _____ Cell #: _____

PLEASE KEEP US INFORMED OF ANY CHANGES TO THE ABOVE INFORMATION SO
THAT WE CAN BETTER SERVE YOU.

