



NEWBERRY COUNTY SHERIFF'S OFFICE

PO Box 247
NEWBERRY, SC 29108-0247

BUSINESS INFORMATION SHEET

DATE	NAME OF BUSINESS	PHONE
ADDRESS	CITY, STATE	ZIP
OWNER/OPERATOR	EMAIL	PHONE
ADDRESS	CITY, STATE	ZIP

Please list, in order you wish them to be contacted, persons who may be contacted in the event of a problem or emergency at your business:

NAME	ADDRESS	HOME PHONE	CELL PHONE	WORK PHONE
1) EMAIL				
2) EMAIL				
3) EMAIL				
4) EMAIL				

NOTE: The Sheriff's Office will only contact the first available contact person.

Please list the days and times of normal operation at your business:

DAY	TIME	DAY	TIME
1)		4)	
2)		5)	
3)		6)	

Additional Information:

Is your business locked after hours of operation? YES NO

Are there lights left on at your business after hours of operation? YES NO

If "YES", please indicate which ones:

Is your business protected by an Alarm System? YES NO

If "YES", what Type? (*phone-in, Etc.*)

If "YES", do all contact persons have the code or key to the Alarm System? YES NO

Are there any special problems that the Newberry County Sheriff's Office needs to be aware of to better serve you and protect your property?

Are there any comments or suggestions that you can make to assist the Newberry County Sheriff's Office in better serving you in protecting your business?

NAME (PLEASE PRINT)	SIGNATURE	DATE
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