

**AFTER HOURS BUSINESS CONTACT FORM**

*SHEBOYGAN COUNTY SHERIFFS OFFICE*  
525 North 6<sup>th</sup> Street Sheboygan, WI 53081

**UPON COMPLETION, PLEASE EMAIL TO [penny.weber@sheboygancounty.com](mailto:penny.weber@sheboygancounty.com)**

**(please print legibly)**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS E-MAIL ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

BUSINESS HOURS: \_\_\_\_\_

**Please list names and phone numbers of key holders in order of preference for after hours contact in case of emergency or problem with business listed. Note: Dates of birth are required for appropriate identification only.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

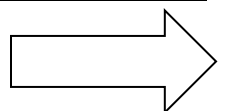
Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

Please list any additional information that would assist the Sheriff's Office (i.e. are there weapons on the premises, list any vehicles normally found on the property including license plate and description etc.)

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Do you have a Security System? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide the Monitoring Service's name and phone number :

\_\_\_\_\_

Do you have video surveillance? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, is it Interior \_\_\_\_\_ or Exterior \_\_\_\_\_

How long do you retain the video surveillance? \_\_\_\_\_

Please provide a contact name of someone who will know how to operate/download the video

\_\_\_\_\_

Do you have a basic floor plan of your business you are willing to share with us?

YES \_\_\_\_\_ NO \_\_\_\_\_ (We are able to scan in floor plans and attach them to your information)

Do you have any hazardous chemicals onsite? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list them below.

NOTE: If you have an off-site plan with Emergency Management you do not need to fill this area out

| Chemical Name | Quantity | Location in Building |
|---------------|----------|----------------------|
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The Sheriff's Office updates this information every two years. Please feel free to update the above information with our agency should the information change prior to us re-contacting you for updated information. You can simply make a copy of this form prior to filling it out or contact the below listed individual and request a form to be sent to you when/if changes occur.

**QUESTIONS? PLEASE CALL Penny Weber at (920) 459-3864 for assistance.**

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(For official Sheriff's Office use only)

Updated: \_\_\_\_\_