



Wisconsin Dells Police Department

Chief of Police Nicholas Brinker

712 Oak Street
Wisconsin Dells, WI 53965
(608) 253-1611
Fax (608) 254-4375
NCIC #WI0110200

The Wisconsin Dells Police Department seeks your cooperation in updating our business files. Please fill out the enclosed form and return it to the Wisconsin Dells Police Department at your earliest convenience.

Please keep the following information in mind with completing the attached form.

1. Even if your business is not in the Wisconsin Dells Police Jurisdiction, It may still be within the Kilbourn (Wisconsin Dells) Fire and Rescue Jurisdiction.
2. Reasons why personnel may be contacted include, but are no limited to: fire, natural disaster, robbery, medical problem, vandalism, hostage situation, terrorism or threats.
3. Even if your business is open 24-hours and may also be staffed 24-hours, don't rely on only having contact personnel listed at the business. (i.e.: an employee needs medical attention, or in case of a fire.) *It is always a good idea to have this information located in more than one place.*
4. During foot patrol, our officers may come across your establishment's doors being unlocked. At this time, our department would also attempt to contact listed personnel to respond and secure the building.
5. If we are unable to read the information provided on the attached form, there is a chance that we may not be able to make contact with personnel in a timely manner. Please be sure to print neatly.
6. It is a "good rule of thumb" to make a copy of the completed form to keep on file for your own business records and to update the Wisconsin Dells Police Department with changes as needed.
7. Your assistance of "passing the word" to any new establishments in the Wisconsin Dells Police and Kilbourn Fire / Rescue Jurisdiction to get their information updated with our police department is greatly appreciated.

Business Name: _____	
_____	_____
Address (Physical location of business)	phone number
_____	_____
Mailing address (if different than above)	fax number (if avail.)

Business email address or webpage	

Primary BUILDING Owner:				
Name: Last, First Middle	date of birth	home address	Primary Phone	Secondary Phone

Primary BUSINESS Owner:				
Name: Last, First Middle	date of birth	home address	Primary Phone	Secondary Phone

Please list (in order of preferred contact) personnel including Managers, Assistant Managers, Supervisors, Janitors, or any other employees that are valid **key holders available to contact in case of emergency.**

Keyholder #1				
Name: Last, First, Middle	Date of birth	home address	Primary Phone	Secondary Phone

Keyholder #2				
Name: Last, First, Middle	Date of birth	home address	Primary Phone	Secondary Phone

Keyholder #3				
Name: Last, First, Middle	Date of birth	home address	Primary Phone	Secondary Phone

ALARM INFO:		
Does your business have smoke detectors? (Not to be confused w/ alarm)	_____	
Does your business have an alarm monitored by an outside company?	_____	
What activates the alarm? (motion, light, heat, noise, power interruption, water flow, panic button , etc.)		

Where is the alarm located? _____		

Name of the Alarm Company	Primary Phone	Secondary Phone