

BRENTWOOD POLICE DEPARTMENT

Community Services Unit

9100 Brentwood Blvd.

Brentwood, CA 94513

**BUSINESS WATCH REGISTRATION FORM**

Please **PRINT LEGIBLY** or **TYPE** the following information:

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete** Business Address: \_\_\_\_\_  
(Including zip code)

Business Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Owner's Home Telephone Number: \_\_\_\_\_

Business Owner's Cell Phone: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_

**Preferred Method of Contact:** \_\_\_\_\_

**24-Hour Emergency Contacts:**

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

❖ **Are there any cameras on the premises?** \_\_\_\_\_

❖ **If yes, are they inside or outside?** \_\_\_\_\_

Please fax or e-mail the completed form to the Brentwood Police Department  
925-809-7799 or mkeady@brentwoodca.gov