

RICHFIELD TOWNSHIP POLICE DEPARTMENT  
BUSINESS CHECK  
CONT# \_\_\_\_\_

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

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

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

BUSINESS DAYS OPEN: \_\_\_\_\_

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

OWNERS NAME: \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_

OWNERS HOME PHONE NUMBER: \_\_\_\_\_

KEY HOLDER NAME: \_\_\_\_\_

KEY HOLDER ADDRESS: \_\_\_\_\_

KEY HOLDER PHONE NUMBER: \_\_\_\_\_

ALARM: \_\_\_\_\_ YES \_\_\_\_\_ NO

LIGHTS: LEFT ON \_\_\_\_\_ LEFT OFF \_\_\_\_\_ TIMER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_