



Maricopa County Sheriff's Office

District IV
Joseph M. Arpaio, Sheriff

Operation Notification

Business Information

Name: _____

Address: _____

City: _____ State: AZ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Does business have an alarm system? Yes No

Is it monitored by an alarm company (station)? Yes No

Alarm company name: _____

Alarm company phone #: (____) _____ - _____

Does building have a built-in fire protection system? Yes No

Is there a Fire Dept. connection? Yes No

Location of connection: _____

What type(s) of hazards are in the building (gasoline, oil, acids, pool chemicals, etc): Propane oxygen acetylene and freon

Location of hazards in the building: _____

Does your building have security cameras? Yes No

How many cameras inside? _____

How many cameras outside? _____

Contact Information

1) Name: _____ Home phone: _____ Cell phone: _____

Does this contact have keys for the building? Yes No

2) Name: Home phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Does this contact have keys for the building? Yes No

3) Name: _____ Home phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Does this contact have keys for the building? Yes No

Authorized by: _____ Date: _____

Please keep this information up-to-date.
For any and all changes, notify Tom Clark
via email at tommacclark@gmail.com or via fax at (480) 656-9032