



BENNIE VICK

SHERIFF OF WILLIAMSON COUNTY



404 N. Van Buren • Marion, Illinois 62959

618-997-6541 * Fax 618-998-2296 * E-Mail: wcsheriff@wcsheriff.com

BUSINESS KEYHOLDER INFORMATION

Dear Business Owner,

The Williamson County Sheriff's Office would appreciate your help in updating our records with your contact and key holder information. Please fill out these sheets and return this form to The Williamson County Sheriff's Office via mail, fax or email. If you have any questions please feel free to call us. The information from forms are kept in utmost confidence.

Thank You,
Sheriff Bennie Vick

Date of Information: _____

Business Name: _____ **Phone :** (____) ____ - _____

D.B.A: _____

Address: _____

(Address)

(City, State, Zip)

Business Owner (if applicable):

Name: _____

Address: _____

City: _____

State: ____ **Zip:** _____

Phone: _____

Property Owner (if known):

Name: _____

Address: _____

City: _____

State: ____ **Zip:** _____

Phone: _____

Key holder List: *(Will be called in order)*

1st Keyholder: Name: _____ **Phone:** _____

2nd Keyholder: Name: _____ **Phone:** _____

3rd Keyholder: Name: _____ **Phone:** _____

Does your business or property have any of the following *(Please Check all that apply)*

Law Enforcement

<input type="checkbox"/> Surveillance/Security Video	<input type="checkbox"/> Security Guards
Is Building Alarmed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alarm Company: _____	
Alarm Company Phone Number: _____	
Location of Alarm Panel: _____	

Fire Service

<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Knox Box
Location of Alarm Panel: _____	Location of Knox Box _____
<input type="checkbox"/> Fire Department Connections	Gas Shut Off Location: _____
Location of FDC: _____	Fuse Box Location: _____
<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Elevators

<p>Please list any specific hazards <i>(such as the location of stored flammable liquids, etc.)</i></p>
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Person Completing Form: _____ **Telephone:** _____