



RIDGELAND POLICE DEPARTMENT

Print a Copy for
your records

Business Contact Form

BUSINESS INFORMATION:

Date:

Business Name:

Street Number: Street Name (example: Rice Road)

Suite Number: Business Telephone: *Do not include spaces or characters.
example: 6018563877*

Hours of Operation:

Number of Employees based at this Address: Business Type:

KEY HOLDERS INFORMATION:

Owner/Manager

Last Name

First Name

Telephone 1: *Do not include spaces or characters
example: 6018563877*

Telephone 2: *Do not include spaces or characters
example: 6018563877*

TO BE COMPLETED BY CITY OF RIDGELAND

PARCEL ID#:

Keyholder

Last Name

First Name

Title:

Telephone: *Do not include spaces or characters
example: 6018563877*

OTHER INFORMATION:

Is the business equipped with a burglar alarm? Select One

If yes, what is the name of the alarm company:

Does the business employ an outside cleaning service? Select One

If yes, what is the name of the cleaning company:

Provide dates and times of cleaning services:

Does your business store or sell any hazardous materials, firearms or have any type of guard or guard animal on the property? Select One

If yes, provide further information: