

Oak Island Police Department Business Contact Information

Please fill out the requested information and return to the Oak Island Police Department at your earliest convenience.

Business Name: _____ New Contact _____ Contact Update _____

Business Address: _____

Business Phone Number: _____

Business E-Mail: _____

Owner's Name: _____ Owner's Contact Number: _____

Owners Address: _____

Owners E-Mail: _____

1) Key Holder's Name: _____

Phone Number: _____

2) Key Holder's Name: _____

Phone Number: _____

3) Key Holder's Name: _____

Phone Number: _____

Additional Information:

Alcohol Sales: Yes _____ No _____

Alarm System: Yes _____ No _____

Alarm Company: _____ Alarm Phone Number: _____

If there is any information that you feel is important, please attach an additional sheet or place your comments on the back of this form.

Additional Information Included: Yes _____ No _____

Today's Date: _____