



Business Update Form

This form can be scanned to mcole@cityofbayvillage.com, faxed: 440-899-3478, or dropped off at the Bay Village Police Department at 28000 Wolf Rd., Bay Village, OH 44140

Business Name:	Date:
	Type of Business:
Business Address:	Building or Shopping Center name:
Owner Name:	Phone #1:
Owner Address:	Phone #2:
Email and/or Website:	
Alarm Company Name:	Alarm Company Phone:

Emergency Contacts	
Please list individuals in the order you would like them to be contacted. Preferably emergency contacts reside in the local vicinity and have keys and alarm codes. PLEASE KEEP THE POLICE DEPARTMENT UPDATED IF CONTACT INFORMATION CHANGES!	
Contact #1:	Phone:
Address:	Add'l Phone:
Contact #2:	Phone:
Address:	Add'l Phone:
Contact #3:	Phone:
Address:	Add'l Phone:

Surveillance Cameras	
Number of Cameras:	Interior _____ Exterior _____
Camera view:	_____ Front _____ Back _____ Side _____ Interior _____ Street _____ Sidewalk
Camera specs:	_____ High def _____ Standard _____ Infrared _____ Low light Other = _____
Camera type:	_____ Pan-tilt-zoom _____ Fixed
Format:	_____ MPG _____ MP4 _____ AVI _____ Other = _____
Recorder:	_____ DVR _____ Analog _____ Cloud/Web
Audio recording?	_____ Yes _____ No
Retention policy: _____	
24-HR Contact person for BVPD to view/request copies:	
Name: _____	Cell phone #: _____
After hours phone #: _____	Other phone #: _____

Comments:
