

LANSING POLICE DEPARTMENT
COMMUNITY SERVICES UNIT
120 W. MICHIGAN AVE
LANSING MI 48933

BUSINESS WATCH REGISTRATION FORM

Please **PRINT LEGIBLY** or **TYPE** the following information:

Business Name: _____ Date: _____

Complete Business Address: _____
(Including zip code)

Business Mailing address: _____

Business Telephone Number: _____ Fax: _____

Business Owner's Name: _____

Business Owner's Home Telephone Number: _____

Business Owner's Cell Phone Number: _____

Business Email Address: _____

Type of Business: _____

Manager's Name: _____

Normal Business Hours: _____

Preferred Method of Contact: _____

24-Hour Emergency Contacts:

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

❖ Are there any cameras on the premises? _____

❖ If yes, are they inside or outside? _____

Please fax or e-mail completed form to the Community Services Unit
517-377-0035 or LPDCSU@lansingmi.gov