



Little Falls Police Department Business Registration Form

Business Information

Business Name: _____ Phone Number: _____
Address: _____ Suite / Unit #: _____

Owner(s) Information

Owner Name: _____ Phone Number: _____
Owner Address: _____
Owner Name: _____ Phone Number: _____
Owner Address: _____

Emergency Business Contacts

List emergency contacts in priority order who are keyholders and have knowledge of your business.

Name: _____ Title: _____ Phone Number: _____
Full Address: _____
Name: _____ Title: _____ Phone Number: _____
Full Address: _____
Name: _____ Title: _____ Phone Number: _____
Full Address: _____

Additional Comments

Information submitted on this form will be entered into the records management system to assist emergency services when responding to an incident at your business.

**E-mail completed form to info@littlefallspd.org
or drop off 24/7 at Police Headquarters at 225 Main Street.**