



TAMPA POLICE DEPARTMENT  
District Two  
BUSINESS WATCH

<b>Office Use Only</b>	
District:	_____
Zone:	_____
Grid:	_____

**APPLICATION FOR MEMBERSHIP**

**Business Information**

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Security Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Do You have Extra Duty Police Patrol: Yes No Gate Code: \_\_\_\_\_

**Emergency Contact Information #1**

Emergency Contact: \_\_\_\_\_

Relationship to Business: Owner Manager Asst. Manager  
*Please circle one*

Phone (cell): \_\_\_\_\_ (home): \_\_\_\_\_

**Emergency Contact Information #2**

Emergency Contact: \_\_\_\_\_

Relationship to Business: Owner Manager Asst. Manager  
*Please circle one*

Phone (cell): \_\_\_\_\_ (home): \_\_\_\_\_

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