



# County of Greensville ~ Office of the Sheriff

Sheriff W.T. Jarratt, Jr.

Please complete this form and return it via email to [jpair.gcs@greensvillecountyva.gov](mailto:jpair.gcs@greensvillecountyva.gov)

or postal mail to:

Greensville County Sheriff's Office

Attention: Jimmy Lee Pair, Sergeant

## BUSINESS/PREMISE PROFILE FORM

### BUSINESS INFORMATION (required)

Business Name	
Business Physical Address	
Business Phone Number	
Business Fax Number	
Business Email Address	
Normal Hours of Operation	

### AFTER HOURS EMERGENCY CONTACT INFORMATION (required)

Primary After Hours Contact	Name:		
Primary Phone:	Alt. Phone:	Contact Type	
Secondary After Hours Contact	Name:		
Primary Phone:	Alt. Phone:	Contact Type	
Alternate After Hours Contact	Name:		
Primary Phone:	Alt. Phone:	Contact Type	
Alternate After Hours Contact	Name:		
Primary Phone:	Alt. Phone:	Contact Type	

### ALARM INFORMATION (if applicable)

Type of Alarm	Audible?	Alarm Monitoring Company Information	
Fire Burglar Hold Up Panic		Name	
		Address	
		Phone #	

### SURVEILLANCE CAMERA(s) (if applicable)

Location of Camera System	
Are cameras recording?	Yes No
Areas Recorded?	

### HAZARDOUS MATERIALS INFORMATION (if applicable)

Do you have any type of hazardous materials stored on site? Yes No
(If yes, please list location and details below - attached additional sheets if needed)