

CITYWIDE-CITYLINK BUILDING INFORMATION FORM

Please use this form to make any additions or changes to our data base

Customer #
CityLink Code**Building Address**

Nearest Cross Streets/Aves.**Precinct****Building Type:**Residential Commercial Hospital

Check all that apply

School Co-op Condo Other Rental property **Building Tel #****Phone location:****Building Fax #****Fax location:****24 Hour Emergency Tel #****Phone location:****Building Manager****Tel#****Fax#****e-mail address:****Superintendent****Tel#****Fax#****e-mail address:**If there is a building or business name visible from the street on a window or awning,
please indicate here:

Does the building have more than one entrance? If so, provide address

Is the radio kept at a fixed location or used on patrol? _____

If at a fixed location please indicate location

Management Information

Company Name

Contact Name

Tel. #

Fax #

Address

Floor/Suite#

City

State

Zip code

Invoices for Annual Participation Fee should be sent to:

Security Manager/Director/Provider

Note: This person and address will be used for all CityWide-CityLink mailings

Name

Tel. #

Fax. #

Company Name (if applicable)

Address

City

State

Zip code

Information Provided by:

Name

Title

Signature

Date