

**BUSINESS/ORGANIZATION LOCATION RECORD**

**BUSINESS/ORGANIZATION ADDRESS (NO. & STREET)**

\_\_\_\_\_

**BUSINESS/ORGANIZATION NAME**

\_\_\_\_\_

**TYPE OF BUSINESS/ORGANIZATION**

\_\_\_\_\_

**BUSINESS TELEPHONE:** \_\_\_\_\_

**BUSINESS E-MAIL:** \_\_\_\_\_

**PERSON / PERSONS TO BE NOTIFIED**

**NAME :** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME / CELL #** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME / CELL#** \_\_\_\_\_

**Please email this form to: CAPS016District@chicagopolice.org**