



City of

SAND SPRINGS

PO BOX 338 – 100 EAST BROADWAY STREET – SAND SPRINGS, OKLAHOMA 74063-0338 (918) 246-2500 – FAX (918) 245-7101

Dear Business Representative

I am writing in regard to a new program being offered by the Sand Springs police Department as a way that we may better serve our business community in the City of Sand Springs. This program is **Free of Charge**, and will be used by our officers to be able to contact a responsible party from your business if there is an incident that you need to be aware of.

It has been our experience that crime often occurs at a business during the hours when it is closed. These crimes range from burglaries and vandalisms to arsons. We have also seen many incidents that are not criminal in nature such as broken water pipes where our officers want to notify the business owner to minimize the impact to the property.

With these goals in mind, the *Sand Springs Police Department* and the *Sand Springs Volunteers In Police Service* have started a new Business Identification Program. Included with this letter is a questionnaire. Please fill it out and return it to the Sand Springs Police Department at the below listed address. After the information is entered into our database, a volunteer will bring you a decal to be applied to the front door or window of your business. This decal will have a number that is unique to your business, and will help the officer contact you quickly about any incident that you may need to be aware of.

If you have any questions or concerns, please contact me. I hope you find this program is just one more way that the Sand Springs Police Department is seeking to serve you better.

Sand Springs Police Department
Attn: BID File
P.O. Box 338
Sand Springs, OK 74063

A handwritten signature in black ink that reads 'Daniel Bradley'.

Daniel Bradley – Chief of Police
(918) 246-2532



B.I.D.

Business Identification File

The following information is being supplied to the Sand Springs Police Department for entry into their automated file system for business identification. The purpose of this file system is to establish an automated file of emergency contact information so that in cases of emergencies the proper owners and or individuals may be contacted. This information is considered confidential and will not be released to the general public to the extent allowed by law.

DATE: _____ / _____ / **20**_____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

NEW BUSINESS: _____ (YES) _____ (NO)

If Yes, what business are you replacing at this address.

INTRUSION ALARM: _____ (YES) _____ (NO)

FIRE ALARM: _____ (YES) _____ (NO)

IF YES:

CENTRAL MONITORED _____ (YES) _____ (NO)

IF YES:

ALARM CO. NAME: _____

ALARM CO. PHONE: (____) (____ - _____)

EMERGENCY CONTACT INFORMATION

LIST INDIVIDUALS WITH KEYS TO BUSINESS BY PRIORITY OF A CALL OUT.

NAME (LAST, FIRST M.I.)	HOME ADDRESS (ADDRESS, CITY, ZIP)	CONTACT PHONE
1. _____, _____, _____	_____	(____) (____ - _____)
2. _____, _____, _____	_____	(____) (____ - _____)
3. _____, _____, _____	_____	(____) (____ - _____)
4. _____, _____, _____	_____	(____) (____ - _____)

PLEASE NOTE ANY HAZARDS ON SITE THAT YOU FEEL OFFICERS NEED TO BE AWARE OF.