



# LIVINGSTON COUNTY SHERIFF'S OFFICE AFTER HOURS BUSINESS/KEY HOLDER INFORMATION

Submit completed form:

- by email [911center@co.livingston.ny.us](mailto:911center@co.livingston.ny.us)
- by fax (585)243-7109 Attn:Communications
- by mail Communications Bureau  
Attn: Sr. Dispatcher Forrester  
4 Court St, Geneseo, NY 14454

This form will be used to update/add key holder information for your business in the event a member of law enforcement needs to contact you after business hours due to an event that occurred at your business.

If you have any questions regarding this form, please contact the Livingston County Sheriff's Office Communications Bureau at (585)243-7100. Please list key holders in the order in which you would want that person called.

Date: \_\_\_\_\_

**Business Information:**

Name of Business: \_\_\_\_\_  
 Address of Business: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Alarm Company (if applicable): \_\_\_\_\_  
 Alarm Company Phone Number: \_\_\_\_\_

**Owner/Primary Key holder Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone Numbers: (H): \_\_\_\_\_ (C): \_\_\_\_\_

**Alternate Key holder Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone Numbers: (H): \_\_\_\_\_ (C): \_\_\_\_\_

**Alternate Key holder Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone Numbers: (H): \_\_\_\_\_ (C): \_\_\_\_\_

Please notify the Livingston County Sheriff's Office as soon as possible at (585) 243-7100 if any of the above information changes.

**For Official Use Only:**

Received By:	Date:	Updated By:	Date:
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