

**Torrance Police Department
Community Affairs Division
3300 Civic Center Drive
Torrance CA 90503**

BUSINESS WATCH REGISTRATION FORM

Please **PRINT LEGIBLY** or **TYPE** the following information:

Business Name: _____ Date: _____

Complete Business Address: _____
(including zip code)

Business Mailing Address: _____

Business Telephone Number: _____ Fax: _____

Business Owner's Name: _____

Business Owner's Home Telephone Number: _____

Business Email Address: _____

Type of Business: _____

Manager's Name: _____

Normal Business Hours: _____

24-Hour Emergency Contacts:

Name: _____ **Telephone Number:** _____

Name: _____ **Telephone Number:** _____

Name: _____ **Telephone Number:** _____

Name: _____ **Telephone Number:** _____

Mail completed form to the address shown at the top of the form.