

NOTICE:

Upon receipt of a completed application, a rate will be calculated and you will be advised of the amount due.

Your membership will not begin until your check covering the amount quoted is received in our office.

**INMAN PARK SECURITY PATROL
APPLICATION FOR A QUOTE
FOR A BUSINESS RATE
2009-2010**



PLEASE TYPE OR PRINT CLEARLY

Date: _____

Quote # _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ -

Phone: _____ E-mail: _____

Person in Charge: _____ Title: _____

Type of Business: _____ Years: This Location: _____ In Business: _____
(e.g. condo, professional practice, restaurant, retail, etc.)

Number of Employees: Part Time: _____ Full Time: _____ Total: _____
(If owner works in the establishment, please include owner in the above count.)

Hours of Operation: Day Shift: _____ to _____ Number of Employees Working: _____ M-F Sat Sun
Night Shift: _____ to _____ Number of Employees Working: _____ M-F Sat Sun

Is Property and General Liability Insurance in place? Yes No

INFORMATION ABOUT THE PREMISES

Approximate Square Footage (used by business): _____ Single-Story Multi-Story: How many floors? _____

Floor business is located on? _____ Elevator in Building: Yes No Parking Lot: Yes* No *Lighted

SECURITY INFORMATION

Monitored Alarm System: Yes* No Security Camera: Yes No Other: _____
*If 'Yes', name of Company _____ Phone: _____

Security Folding Door w/Padlock: Yes* No *If 'Yes': Front Back Solid Steel Door: Front Back

Security Bars on Windows: Yes* No *If 'Yes': Ground floor only Ground floor and Upper floors
Other: _____ (e.g.: watchman, guard dog, etc.)

CONTACT INFORMATION

Name of Owner: _____

Address: _____

City: _____ State: _____ Zip: _____ -

Phone: _____ Cell: _____ Emergency Number: _____

Alternate Contact: _____ Phone: _____

Please mail completed application for quote to: **Bob Sandage %IPNA 992 Washita Ave., Atlanta, GA 30307**



**BUSINESS MEMBERSHIP
APPLICATION FOR
SECURITY PATROL
MEMBERSHIP
2008-2009**

Quote # _____

Business Name: _____

Business Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ - _____

Phone: _____ E-mail: _____

Person in Charge: _____ Title: _____

RATE QUOTED

Please select the level of security you are interested in:

- Bronze Level: \$ _____
- Gold Level: \$ _____
- Silver Level: \$ _____

PAYMENT INFORMATION

Type of Payment Preferred:

- Monthly
- Semi-Annual
- Annual

Preferred Billing Date:

- First of the month
- Middle of the month
- Specific date: _____

To establish your membership in the Inman Park Security Patrol, please submit this application with your check attached to:

IPNA
167 Elizabeth Street, N.E.
Atlanta, GA 30307

You will receive a paid invoice for your initial payment. You will be billed in advance for future payments when due.

Thank you for participating in the Inman Park Security Patrol program.

Office Use Only: Ck. # _____ Dated: _____ Received: _____ Amount: _____