



CCSO Form #114

## CHEMUNG COUNTY SHERIFF'S OFFICE

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

District Manager: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Store Manager: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Asst. Manager: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Loss Prevention/Asset Protection: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Loss Prevention/Asset Protection: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

Return Form to FAX # 607-737-2930