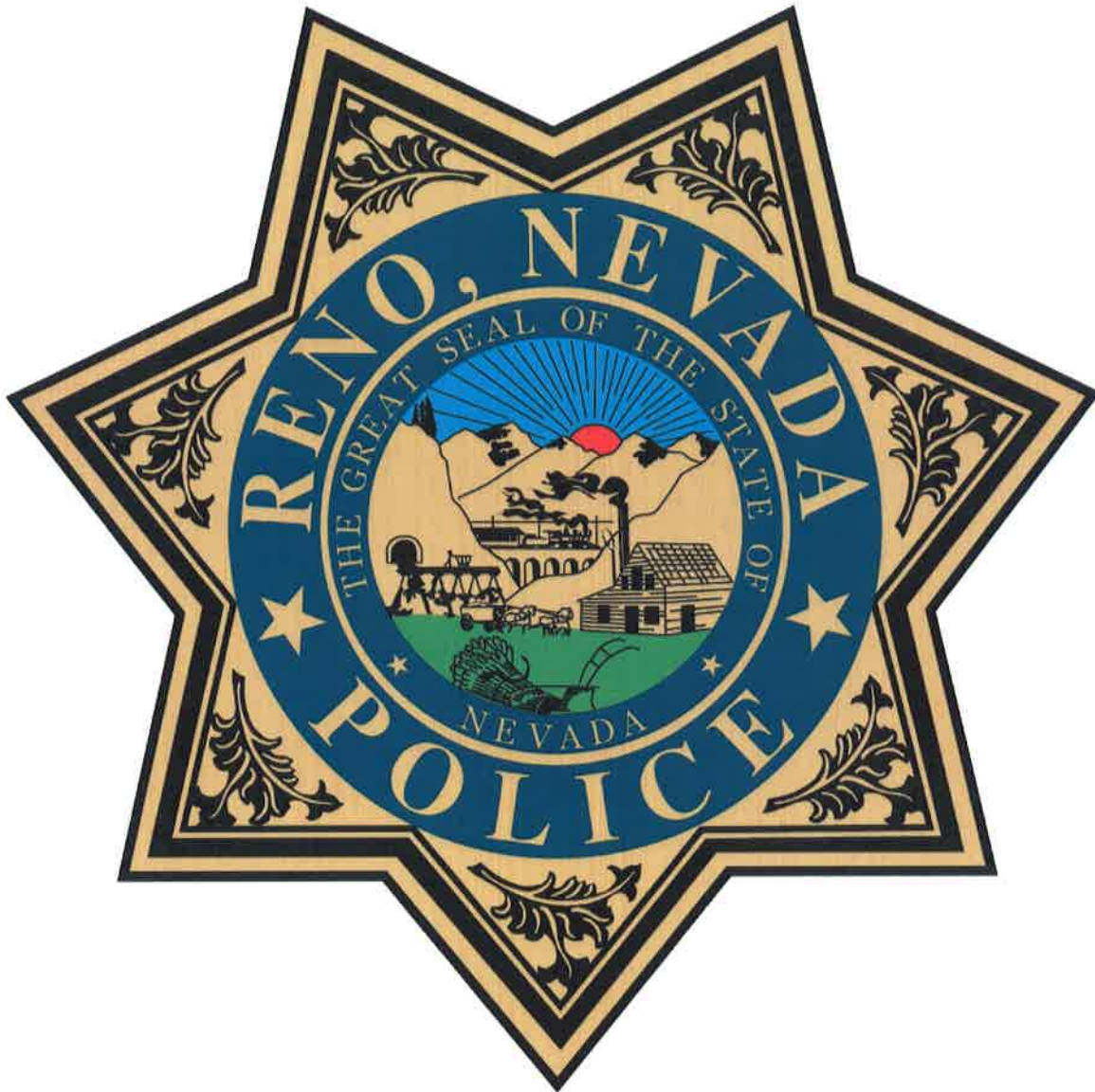


Charter/Private School Information

AB 321



Assessment
Questionnaire

Revised 9/21/15

Date: _____

Facility Information:

School Name: _____

Address: _____

City, State, Zip: _____

Hours of Operation:

24 hours, 7 days a week:

Days of Operation: _____

Business Hours: _____

Holidays: _____

Other Events at school: _____

Emergency Contact Information

24 hour emergency phone number: _____

Primary Emergency Contact:

Name: _____

Cell Phone: _____

Officer Phone: _____

Email: _____

Fax: _____

Principle/Director:

Name: _____

Cell Phone: _____

Officer Phone: _____

Email: _____

Fax: _____

Please return information to:

Reno Police Department

C/O Charter/Private School Information Packet

P.O. Box 1900

Reno, NV. 89505