



Epsom Police Department

980 SUNCOOK VALLEY HIGHWAY
EPSOM, NEW HAMPSHIRE 03234

WAYNE B. PREVE
Chief of Police

EMERGENCY (603) 736-4445
BUSINESS (603) 736-9624
FAX (603) 736-8421

ALARM INFORMATION & EMERGENCY CONTACT (COMPLETE BOTH SIDES OF FORM)

BUSINESS / RESIDENCE INFORMATION

Location Name: _____ Location Phone: _____

Location Address: _____

Directions to Location: _____

Building Description: _____

Hours of Operation: Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

ALARM INFORMATION

Monitoring Company: _____ Phone: _____

Address: _____
(Street Name & Number) City / Town State Zip Code

Date of Installation: _____ Installer: _____

Type of Alarm: (check all that apply)	<input type="checkbox"/> Audible	<input type="checkbox"/> Intrusion	<input type="checkbox"/> Motion Detector	<input type="checkbox"/> Direct Dial	<input type="checkbox"/> Fire
	<input type="checkbox"/> Silent	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Digital Dial	<input type="checkbox"/> Burglary
	<input type="checkbox"/> Direct to Police Dispatch	<input type="checkbox"/> Direct to Private Alarm Monitoring Company			
	<input type="checkbox"/> Other (Describe)				

OWNER INFORMATION

Owner 1 Name: _____ Owner's Phone: _____

Address: _____
(Street Name, Number & Apartment) City / Town State Zip Code

Owner 2 Name: _____ Owner's Phone: _____

Address: _____
(Street Name, Number & Apartment) City / Town State Zip Code

EMERGENCY CONTACT INFORMATION

When alarm sounds, DAY or NIGHT, who can we notify to reset the alarm system and, if necessary, open the premises? (List at least **TWO** separate parties.)

Emergency Contact #1: _____	Telephone (Day): _____
Address: _____	Telephone (Night): _____
Emergency Contact #2: _____	Telephone (Day): _____
Address: _____	Telephone (Night): _____
Emergency Contact #3: _____	Telephone (Day): _____
Address: _____	Telephone (Night): _____
Emergency Contact #4: _____	Telephone (Day): _____
Address: _____	Telephone (Night): _____

OCCUPANT(S) INFORMATION

Other than the owner(s) and emergency contacts, list anyone else who resides at or has permission to be at this location.

NOTES, SPECIAL CONSIDERATION and OTHER INFORMATION

Please list any notes, special considerations and/or other information that the Epsom Police Department and/or Epsom Fire Department should be aware of if they respond to this location for an emergency. Please consider listing items such as; Are there pets at this location? Are there firearms or other weapons at this location? Are there any explosives or hazardous materials at this location? Do persons with special needs and/or disabilities reside at this location?

DEPARTMENT USE ONLY

Date Received: _____	Date Entered: _____
Received by: _____	Site Number: _____