



BOSCAWEN POLICE DEPARTMENT ALARM CONTACT UPDATE FORM

NAME OF OWNER: _____

OWNER'S STREET ADDRESS: _____

TOWN, STATE, ZIP CODE: _____

LOCATION OF ALARM, IF OTHER THAN ABOVE:

STREET ADDRESS: _____

TOWN, STATE, ZIP CODE: _____

OCCUPANTS (RESIDENTIAL) IF OTHER THAN OWNER: _____

DIRECTIONS TO ALARM LOCATION (include pertinent landmarks, cross streets, ect.)

TYPE OF ALARM: (Check all that apply to your alarm system)

- | | | |
|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> AUDIBLE | <input type="checkbox"/> DIRECT TO POLICE DISPATCH CENTER | <input type="checkbox"/> DIRECT DIAL |
| <input type="checkbox"/> SILENT | <input type="checkbox"/> DIRECT TO PRIVATE ALARM MONITOR CO. | <input type="checkbox"/> DIGITAL DIAL |
| <input type="checkbox"/> INTRUSION | <input type="checkbox"/> MOTION DETECTOR | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> BUSINESS | <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> BURGLAR |
| <input type="checkbox"/> OTHER _____ | | |

WHO TO NOTIFY, DAY OR NIGHT, EMERGENCY CONTACT WHEN ALARM SOUNDS, AND CAN RESET ALARM AND OPEN PREMISES IF DEEMED NECESSARY? (Include at least two separate parties)

	NAME	DAY TIME PHONE	NIGHT TIME PHONE	DO THEY HAVE KEYS
1)	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
2)	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
3)	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
4)	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
5)	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

DO YOU HAVE ANY SPECIAL REQUEST, HAZARDS, DOGS, VEHICLES IN YARD, LIGHTS LEFT ON OR GENERAL INFORMATION? _____

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO THE BOSCAWEN POLICE DEPARTMENT. THANK YOU.