

WINDHAM POLICE DEPARTMENT

Making a Difference

Gerald S. Lewis
Chief of Police

RESIDENT AND BUSINESS ALARM INFORMATION

NAME: _____ DATE _____

BUSINESS OWNER: _____

ADDRESS: _____

TELEPHONE: _____ / _____ / _____
HOME CELL WORK

ALARM COMPANY INFORMATION

NAME: _____ INSTALLATION DATE _____

ADDRESS: _____

TELEPHONE: _____

Please check all that apply to your system:

- | | |
|--|--|
| <input type="radio"/> Central station/monitoring | |
| <input type="radio"/> Outside Audible | |
| <input type="radio"/> Police | |
| <input type="radio"/> Fire | Does the alarm automatically reset? ___ Yes ___ No |
| <input type="radio"/> Panic | |
| <input type="radio"/> Windows | |
| <input type="radio"/> Doors | If yes, in how many minutes? _____ |
| <input type="radio"/> Other (List) _____ | |

EMERGENCY CONTACTS

(Any person or persons that you have permitted to gain access to the property and reset the alarm)

1) NAME: _____

2) NAME: _____

ADDRESS _____

ADDRESS: _____

HOME#: _____

HOME#: _____

CELL#: _____

CELL#: _____

If you have additional contacts please write them on the back
Please return this form to the Windham Police Department as soon as possible