



DERRY POLICE DEPARTMENT

ALARM / EMERGENCY CONTACT INFORMATION

FAX # (603) 432-6119

Please clearly complete all applicable items and return to the Derry Police Department as soon as possible.

ALARM USER'S NAME:	
BUSINESS NAME (IF APPLICABLE):	
TYPE OF BUSINESS (IF AVAILABLE):	
ADDRESS AT ALARMED PREMISES:	
PHONE NUMBER AT ALARMED PREMISES:	
E - MAIL ADDRESS:	

TYPE OF RESIDENCE (IF APPLICABLE):

☐ SINGLE FAMILY HOME ☐ APARTMENT ☐ CONDOMINIUM ☐ OTHER _____

DESCRIPTION OF PROPERTY: _____

TYPE OF ALARM: ☐ PERIMETER ☐ MOTION DETECTOR ☐ HOLD-UP (PANIC)

ALARM IS: ☐ SILENT ☐ AUDIBLE

POLICE NOTIFIED BY: ☐ ALARM COMPANY ☐ DIRECT DIAL / TAPED

ALARM COMPANY INFORMATION

NAME:	24 HOUR PHONE #:
ADDRESS:	ACCOUNT #:

EMERGENCY CONTACT INFORMATION

(Minimum of 2 people who should be contacted in the event of an alarm)

CONTACT NAME	RELATION TO BUSINESS / FAMILY	CHECK IF ALARM COMPANY WILL NOTIFY	PHONE #
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

In the event the names of the contact people change, please notify the Police Department as soon as possible so we may be able to serve you to the best of our ability. Keep in mind that the contacts will be notified in the order listed above and may be contacted at any hour in the event of an emergency.

FOR OFFICIAL USE ONLY

REGISTRATION #: _____ GEO CODE: _____ SECTOR #: _____