

NEW DURHAM POLICE DEPARTMENT

RESIDENTIAL ALARM INFORMATION SHEET

Date: _____

Name: _____ DOB _____

Physical Address _____

Mailing Address _____

Telephone: Home _____ Work _____

Alarm Company Installing Equipment

Alarm Company Maintaining Equipment

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Person(s) to be contacted in case of emergency

Name _____

Name _____

Address _____

Address _____

DOB _____ Phone _____

DOB _____ Phone _____

Type of Alarm System (check all applicable)

- | | | |
|--|--|--|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Robbery | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Perimeter | <input type="checkbox"/> Contacts | <input type="checkbox"/> Mats <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ultrasonic | <input type="checkbox"/> Microwave | <input type="checkbox"/> Passive Infrared |
| <input type="checkbox"/> Photoelectric | <input type="checkbox"/> Other (specify) _____ | |

Alarm Termination Point (check all applicable)

- Direct Connect to Strafford Dispatch Local Audible
 Central Station-signed waiver required

Name of Central Station _____

Directions to property:

