



**SOUTHWICK POLICE DEPT.**  
**11 DEPOT STREET**  
**SOUTHWICK, MA 01077**  
**PHONE 569-5348 FAX 569-5999**



This form has been left by a member of the Southwick Police Department as a request for either updated or new data for this property. We request this data to assist us in Police and Fire emergency responses. Please take the time to fill out this form as completely as possible and return to the Southwick Police Department by Mail, Fax or in Person.

RESIDENCE: \_\_\_\_\_ SITE # \_\_\_\_\_

STREET & NO. \_\_\_\_\_ P.O. BOX \_\_\_\_\_

HOME PHONES #1. \_\_\_\_\_ #2 \_\_\_\_\_

Owner: Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Emergency Contact Number

Email Address: \_\_\_\_\_

**KEY HOLDERS – ALARM AND EMERGENCY CONTACTS**

**Please Note:** The people you list will be called in order given. They should be available night or day in the event contact is needed for your property. Please list Primary contact and sequential order for other contacts.

**Primary:** Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First  
 Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City  
 Phones: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Any Others

**2<sup>nd</sup>** Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First  
 Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City  
 Phones: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Any Others

**3<sup>rd</sup>** Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First  
 Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City  
 Phones: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Any Others

**4<sup>th</sup>** Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First  
 Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City  
 Phones: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Any Others

**ALARM SYSTEM INFORMATION**

Do you Have an Alarm System? Yes \_\_\_ No \_\_\_

Alarm System Type Audible Only \_\_\_ Electronic to Monitoring Co. \_\_\_  
Burglar \_\_\_ Fire \_\_\_ Both \_\_\_

Alarm Company Info: \_\_\_\_\_ / \_\_\_\_\_  
Name Phone

Do You Have any Special Needs Residents \_\_\_\_\_

If Yes, How Many and Type of Special Needs \_\_\_\_\_

What Other Information Can You Provide to Assist Emergency Responders Regarding Your Property?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Give Details – Chemical Types/Codes – Machinery High Voltage – Any Detail to Warn Responding Police or Fire of Potential Danger.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No Alarm User shall operate, or cause to be operated, an alarm system without first registering in accordance with the Town of Southwick By-laws. The Alarm User will not hold the Town of Southwick, the Southwick Police Department, or the Southwick Fire Department responsible for any damages if the registered premises must be forcibly entered in order to respond to an alarm.  
Registration shall be valid until ownership of Alarm Site changes

I have read the above regulations and I agree to abide by them and the Town of Southwick False Alarm By-Law (Chapter 102)

Submitted by – Name \_\_\_\_\_ Date Submitted \_\_\_ / \_\_\_ / \_\_\_

Print – Name \_\_\_\_\_ Approved: YES NO