



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 Departments 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.

Site address: _____

Type of Alarm: _____ Residential _____ Business _____ Medical Alert

Name/Owner _____

Address: _____

Contact Number: #1 _____ #2 _____

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: _____ City _____

Home phone: _____ cell: _____

Second: Name: _____
Last First

Address: _____ City _____

Home phone: _____ cell: _____

Third: Name: _____
Last First

Address: _____ City _____

Home phone: _____ cell: _____

ALARM SYSTEM INFORMATION

Do you have an Alarm System? Yes _____ No _____

Alarm System Type: Local audible only _____ Electronic monitoring company. _____

 Burglar _____ Fire _____ Medical _____

Alarm company: _____ phone: _____

Business type: _____

Estimated number of employees during business hours _____

Do you have employees with special needs? _____

If yes, how many and type of special needs _____

Can you provide additional information to assist emergency responders regarding property

Please provide any details on Chemical Types/Codes, Machinery, High Voltage controls, Dangerous products or processes: _____

Do you have a medical alert alarm system? Yes _____ No _____

If, yes, provide service name: _____ phone: _____

Do you have a key for your residence outside your home? Yes _____ No _____

If yes, provide location of key and code if secured: _____ code: _____

Do you have any special needs responders should be aware of? Yes _____ No _____

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 Fire Department or the Southwick Police 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. All information provided is held in strict confidence. It will be used only for the intended purposes and will not be shared.

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: _____ Date submitted: _____

Name, Please print

Signature: _____