

**TEMPLETON POLICE DEPARTMENT**

Office of the Chief of Police  
33 South Road  
Templeton, Massachusetts 01468

*Please print or type form*

Date: \_\_\_\_\_

**RESIDENTIAL ALARM** \_\_\_\_\_

**BUSINESS ALARM** \_\_\_\_\_

**Alarm Location:**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Alarm Company:**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Alternate people/keyholder to contact:**

1. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

\_\_\_\_\_no

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Alarm Information:**

Burglar Alarm: \_\_yes\_\_no

Fire Alarm: \_\_yes\_\_no

HoldUp Alarm: \_\_yes\_\_no

Silent Alarm: \_\_yes

Audible Alarm: \_\_yes\_\_no

Delayed: \_\_yes\_\_no

Will it Reset?: \_\_yes\_\_no

How long before your alarm

Resets? \_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a business in your home? \_\_\_\_\_

If Yes, are there any unusual dangers involved? \_\_\_\_\_

Is there anyone in your home/business with special needs? **Disability Indicator** can be shown when 9-1-1 is called.

\*\*\*This information is confidential and will be kept at the communications center to assist public safety responders.

Life Support System \_\_\_\_\_ Mobility Impaired \_\_\_\_\_ Blind \_\_\_\_\_ TTY User \_\_\_\_\_

Deaf or Hard of Hearing \_\_\_\_\_ Speech Impaired \_\_\_\_\_ Developmentally Disabled \_\_\_\_\_