



STRATHAM, NH POLICE DEPARTMENT ALARM/EMERGENCY NOTIFICATION INFORMATION

Please assist us with updating your emergency listing information so that we may better respond to any given emergency at your address. Complete the form in the spaces provided being as thorough as possible. This will ensure our officers responding to your home or business have all necessary contact information when you may or may not be at your alarm location. Should you have any questions regarding your listing or in completing this form, please contact us at 778-9691, Monday through Friday from 8:00am to 4:00pm.

REMINDER: ANY TIME YOU MAKE CHANGES OF EMERGENCY CONTACT PERSONS, PLEASE FORWARD THE INFORMATION TO US RIGHT AWAY.

Name of Business or Residence:		
Address:		Phone #:
1. Primary Emergency Contact Name:		
Address:		Phone #:
2. Second Emergency Contact Name:		
Address:		Phone #:
3. Third Emergency Contact Name:		
Address:		Phone #
Alarm Company Name:		
Alarm Company Address:		Phone #:
Comments or Cautions Known of the Property (<i>List any potential hazards within the interior or exterior of the business or residence such as chemicals, explosives, yard obstructions, etc.</i>)		
DEPARTMENT USE ONLY		
BOX/SITE #:	DATE ENTERED:	ALARM TYPE: P F
BOTH MEDICAL ALERT OTHER		RESIDENTIAL or COMMERCIAL