

**CANTERBURY POLICE DEPARTMENT
ALARM INFORMATION UPDATE FORM**

Please print legibly or type

NAME OF OWNER: _____

OWNER'S STREET ADDRESS: _____

TOWN, STATE, ZIP CODE: _____

LOCATION OF ALARM, IF OTHER THAN ABOVE: _____

STREET ADDRESS: _____

TOWN, STATE, ZIP CODE: _____

OCCUPANTS (RESIDENTIAL) IF OTHER THAN OWNER: _____

ARE THERE ANY FIREARMS AT THIS RESIDENCE: _____

DIRECTIONS TO ALARM LOCATION (Include pertinent landmarks, cross streets, etc.,)

TYPE OF ALARM: (Check all pertinent to your alarm)

- | | |
|--|--|
| <input type="checkbox"/> BUSINESS | <input type="checkbox"/> RESIDENTIAL |
| <input type="checkbox"/> AUDIBLE | <input type="checkbox"/> SILENT |
| <input type="checkbox"/> INTRUSION | <input type="checkbox"/> MOTION DETECTOR |
| <input type="checkbox"/> FIRE & SMOKE | <input type="checkbox"/> BURGLAR |
| <input type="checkbox"/> FREEZE | <input type="checkbox"/> FLOODING |
| <input type="checkbox"/> CARBON MONOXIDE | <input type="checkbox"/> SURVEILLANCE |
| <input type="checkbox"/> DIRECT DIAL | <input type="checkbox"/> DIGITAL DIAL |
| <input type="checkbox"/> DIRECT TO POLICE DISPATCH CENTER | |
| <input type="checkbox"/> DIRECT TO PRIVATE ALARM MONITOR COMPANY | |

☐ ALARM CO. (Name): _____ Phone #: _____

WHOM TO NOTIFY, DAY OR NIGHT, WHEN ALARM SOUNDS, AND CAN RESET SYSTEM
AND OPEN PREMISES IF DEEMED NECESSARY? (Include at least two separate parties)

NAME	DAY PHONE	NIGHT PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Mail this form to: Canterbury Police Department, PO Box 120, Canterbury, NH 03224

POLICE DEPT. USE ONLY
UNIFORM ALARM
LOCATION CODE #
