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)

( ) BUSINESS               ( ) RESIDENTIAL
( ) AUDIBLE                ( ) SILENT
( ) INTRUSION              ( ) MOTION DETECTOR
( ) FIRE & SMOKE           ( ) BURGLAR
( ) FREEZE                 ( ) FLOODING
( ) CARBON MONOXIDE       ( ) SURVEILLANCE
( ) DIRECT DIAL            ( ) DIGITAL DIAL
( ) DIRECT TO POLICE DISPATCH CENTER
( ) 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)

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