

PITTSFIELD POLICE DEPARTMENT



RESIDENCE ALARM UPDATE

All information listed below is considered confidential and will not be used outside of Town departments.

Name _____

Address _____
Street Name

_____ City/Town State Zip

Home Phone _____ Cell _____

Directions to home (Include pertinent landmarks, cross street, etc.)

Emergency Contacts:

Name	Daytime Phone	Evening Phone	Keys
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Alarm System Yes No • Intrusion Yes No • Fire Yes No

Alarm/Intrusion Co. _____ Phone No. _____

Fire Co. _____ Phone No. _____

Please return this form to the Pittsfield Police Department or The Pittsfield Town Hall or mail to either at P.O. Box 98 Pittsfield, NH 03263.