



FREETOWN POLICE DEPARTMENT

2012 Business File Maintenance

1. BUSINESS INFORMATION

Legal Name: _____
Address: _____
P.O. Box Number: _____
Bus. Phone Number: _____ Fax Number: _____
Description of Premises: _____
Type of Business: _____
Is business alarmed? Police: Yes No Fire: Yes No

2. PERSON(S) TO BE CONTACTED IN CASE OF AFTER HOURS EMERGENCY

No. 1
Name: _____
Address: _____
Telephone: _____
Hours Available: _____

No. 2
Name: _____
Address: _____
Telephone: _____
Hours Available: _____

3. ALARM CONTRACTOR

Name: _____
Address: _____
Telephone: _____

4. MARK ALL APPLICABLE ITEMS

- Direct Line to Police Auto-Dialer to Police
 Audible Alarm on Premises Visible Signal on Premises
 Silent Alarm OTHER: _____

Does Alarm Re-set? Yes No If Yes, Amount of Time Required _____ Minutes

5. SIGNATURE OF OWNER OR AUTHORIZED AGENT

X _____ Date: _____

Print name & Title: _____

If you have any questions, please feel free to call the Freetown Police Department (Mon.-Fri. 8AM-4PM) at 508-763-4017 and ask to speak with Dispatch-Supervisor Brenda Christiansen.

You may fax this form to the police department at 508-763-4010 or return it by mail to Freetown Police Department, 225 Chace Road, P.O. 518 East Freetown, MA 02717