



Town of West Bridgewater Police Department

ALARM UPDATE

This is to update our EMERGENCY LISTING BOOK at the Police Station. Please return this form to the station or use the return envelope provided.

→ All information is confidential and will only be used by Police Officers in times of emergency.

Name: _____ Day/Cell Phone #: _____

Address: _____

If you do not own the building, Name of owner: _____

Address of building owner: _____

Phone #: _____

Do you have an alarm system? _____ Police Alarm - Fire Alarm - Both

Does your alarm tie directly into the Police Station? _____

Do you have a bell or siren that sounds at the building? _____

Name of alarm company: _____ Phone #: _____

Does your alarm tie into the alarm company? _____

If yes, will they call you when the alarm comes in? _____

Do you want us to call you also? _____

List of People to be called in Emergency (in order)

1.	Phone#:
2.	Phone#:
3.	Phone#:
4.	Phone#:

Is there anything else we should know about our Company that may assist us in an Emergency? (use reverse side)

