



# WINDHAM POLICE DEPARTMENT

## *Making a Difference*

**Gerald S. Lewis**  
**Chief of Police**

## RESIDENT AND BUSINESS ALARM INFORMATION

**NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BUSINESS OWNER:**

**ADDRESS:** \_\_\_\_\_

## ALARM COMPANY INFORMATION

**NAME:** **INSTALLATION DATE**

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**Please check all that apply to your system:**

- Central station/monitoring
- Outside Audible
- Police
- Fire
- Panic
- Windows
- Doors
- Other (List)

Does the alarm automatically reset? Yes No

**If yes, in how many minutes?**

## EMERGENCY CONTACTS

#### EMERGENCY CONTACTS

1) NAME:

2) NAME:

## ADDRESS

**ADDRESS:**

HOME#:

HOME#:

CELL #:

CELL #:

If you have additional contacts please write them on the back  
Please return this form to the Windham Police Department as soon as possible