



Greenland Police Department

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Tara L. Laurent
Chief of Police

ALARM INFORMATION SHEET (RESIDENTIAL & BUSINESS)

Dear Resident or Business Owner,

Please complete the following information, as it will help us provide better service in case of an emergency situation occurring at your home or business.

Business Name:	_____
Business Owner/Resident:	_____
Business Manager Name:	_____
Complete Street Address: <i>(Including building and/or apartment # if applicable)</i>	_____
Location Phone #:	_____
Business Owner/Resident Cell #:	_____

Emergency Call List: Please list people below who can respond for emergency situations and/or to reset the alarm. Please list in the order you would like them called.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Alarm Company Name: _____ Phone #: _____

Any other information that would assist us in case of emergency:
