



**NEW LONDON POLICE DEPARTMENT
EMMERGENCY CONTACT FORM**



NAME OF BUISNESS	BUISNESS ADDRESS	BUISNESS PHONE
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LIST OF PERSONS TO CONTACT IN AN EMMERGENCY
(List in order of who to contact first)

1.	NAME	ADDRESS	PHONE NO.
2.			
3.			
4.			
5.			

ALARM INFORMATION

Does the business have an alarm system **YES** _____ **NO** _____

(IF YES FILL IN THE INFORMATION BELOW)

ALARM COMPANY NAME	TYPE OF ALARM SYSTEM
ALARM COMPANY PHONE NO. DAY	ALARM COMPANY PHONE NO. NIGHT

TYPE OF PREMISE

- Commercial / Industrial
- Residential
- School
- Municipal Building
- Other (Describe)

TYPE OF ALARM SYSTEM

- Central Station
- Police H.Q. Panel
- Telephone Dialer
- Audible
- Property (Local Type)
- Internal and/or External Video

CONDITION REPORTED BY ALARM

- Burglary
- Hold Up
- Fire
- Carbon Monoxide
- Other (Describe)

SOUNDS OUTSIDE PREMISE

Yes No

ALARM AUTOMATICALLY RESETS

Burglary Yes No
 Fire Yes No

Please notify the Police Department of any changes in this emergency information.

Return the completed form to:

NEW LONDON POLICE DEPARTMENT
5 GOVERNOR WINTHROP BOULEVARD
NEW LONDON, CT. 06320