Suffield Police Department

Suffield Emergency Dispatch Center

Alarm Questionnaire

RESIDENCE OR BUSINESS NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____ PHONE_____

OWNER OF STRUCTIRE _____

ADDRESS _____

CITY, STATE & ZIP CODE _____ PHONE_____

TYPE OF ALARM ***Burglary*** ***Robbery*** ***Medical*** ***Panic*** ***Fire***
(Circle all that apply)

FIRE ALARM ACTIVATED BY ***Heat Detector*** ***Smoke Detector*** ***Water Flow***
(Circle all that apply)

If activated by another means explain _____

ALARM COMPANY _____

ADDRESS _____

CITY, STATE & ZIP CODE _____PHONE_____

HOW IS INFORMATION RELAYED TO EMERGENCY DISPATCH CENTER? (Please circle or explain)
Phone Dialer ***Alarm Company*** ***Other*** _____

EMERGENCY CONTACTS / KEY HOLDERS: (Should be familiar with alarm system, able to reset it with proper code and be within a 15 minute response time)

1) NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____ PHONE _____

2) NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____ PHONE _____

3) NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____ PHONE _____