

**WATERVILLE VALLEY
DEPARTMENT OF PUBLIC SAFETY**

RESIDENTIAL/BUSINESS INFORMATION SHEET

Site Name: _____

Alarm Address: _____

Site Phone Number: _____

Directions to Alarm Location (Include pertinent landmarks, cross streets, etc.)

Alternate Phone Number(s): _____
(If different from above)

Type of Alarm Notification:

- Direct Tie-In
- Digital Communication
- Automatic Telephone Dialer
- Local Alarm ONLY

Site Type:

- Permanent full-time Residence/Business
- Seasonal Residence/Business
- Unoccupied Dwelling/Business
- TEMPORARY Unoccupied Dwelling/Business (VHC)

System Maintained & Installed by: _____

Address: _____

Phone Number(s): _____

Panel/Reset Location: _____

System Monitored by: _____

Address: _____

Phone Number(s): _____

Alarm Protection:

- | | | |
|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Motion | <input type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Hold-up | <input type="checkbox"/> Freeze-up |
| <input type="checkbox"/> Intrusion | <input type="checkbox"/> Silent | <input type="checkbox"/> CO ² |
| | <input type="checkbox"/> Audible | <input type="checkbox"/> Other: _____ |

Property Owner Information

Name(s): _____

Address: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Caretaker/Contact Information: Please list someone who has a key to the residence/business and who can respond to secure your property, check the property for missing items, damage or notify you regarding alarms or problems.

Primary Contact: _____ Address: _____ Phone Number: (Home) _____ (Work) _____ (Cell) _____
Secondary Contact: _____ Address: _____ Phone Number: (Home) _____ (Work) _____ (Cell) _____
Additional Contact: _____ Address: _____ Phone Number: (Home) _____ (Work) _____ (Cell) _____

Supra Safe On Premises? Y or N (If yes) Location: _____

If Temporary Unoccupied Structure (VHC):

Expected Departure Date: _____ Expected Return Date: _____

Lights on a Timer? Y or N (If yes) Location(s): _____

Vehicles Authorized To Be On Premises (Make, Model, Color, Plate Number, Owner)

Specific Instructions, Hazards, and/or Cautions: _____

Applicant's Signature: _____	Date: _____
WVDPS Representative: _____	Date: _____

WVDPS USE ONLY	IMC Site #: _____	Copy to Grafton: _____
Date Received: _____	IMC Entry: _____	Review Date: _____