

**GORHAM POLICE DEPARTMENT
270 MAIN STREET
GORHAM, MAINE 04038**

ALARM / GENERAL INFORMATION SHEET

Occupant's Name: _____

Occupant's Address: _____

Occupant Phone: Cell/Home No.: _____ Work No.: _____

Property Owner's Name: _____ Date of Birth: _____

Property Owner's Email: _____

Property Owner's Mailing Address: _____

Type of Property: Residential ____ Business ____ Other _____

Description of Property: _____

Type of Alarm: (Please check) Burglary ____ Fire ____ None ____ No Longer Active: _____

Internal Camera? Circle one: Y or N **External Camera? Circle One:** Y or N

If YES, Camera Location(s) _____

Emergency Notification:

Name: _____ Phone No. _____

Address: _____

Name: _____ Phone No. _____

Address: _____

Alarm Service Company:

Name: _____ Phone No. _____

Address: _____

Any additional information: (spare key, pets etc.)

Office Use Only for Alarm Payments:

Date Rec'd: _____ Check Number: _____

New registration / renewal (circle one)