

NEW MILFORD POLICE DEPARTMENT
RESIDENTIAL / BUSINESS EMERGENCY RESPONSE FORM
(ALL INFORMATION IS CONFIDENTIAL FOR POLICE USE ONLY)

BUSINESS NAME: _____

BUSINESS OWNER: _____

RESIDENT NAME: _____

BUSINESS OR RESIDENT ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ PAGER #: _____

CELL PHONE: _____ BUSINESS PHONE: _____ OTHER: _____

EMERGENCY CONTACT / KEY HOLDER / MEDICAL CONTACT

In case of an emergency, please list in order of priority three (3) people to be contacted that will have a key to your business / residence and can respond to your business / residence. Please indicate medical conditions that exist currently at your business / residence that can assist us in our response.

1 Name: _____
Address: _____ City: _____ State/Zip: _____
Phone # _____ Cell # _____ Pager # _____

2 Name: _____
Address: _____ City: _____ State/Zip: _____
Phone # _____ Cell # _____ Pager # _____

3 Name: _____
Address: _____ City: _____ State/Zip: _____
Phone # _____ Cell # _____ Page# _____

Please note any special needs, medications, language, codes, key location, etc.

ALARMS

Please fill out this section for an existing alarm system:

1 Alarm Company Name: _____

Address: _____

Phone #: _____

2 Type of Alarm: Burglar Fire Medical Panic
Other

MODE OF OPERATION

Phone alarm Direct Alarm Local Self-Canceling Yes No