

# SANFORD REGIONAL COMMUNICATIONS CENTER

## Business or Residence Alarm / Site Information Form

PLEASE COMPLETE THIS FORM BY TYPING OR PRINTING NEATLY

Date: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Commercial \_\_\_\_\_ Residential

Business or Homeowner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Street Town State ZIP

Mailing Address (If different): \_\_\_\_\_  
Street / PO Box Town State ZIP

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**PERSONS TO BE CONTACTED WHEN ALARM ACTIVATES OR THERE IS A PROBLEM AT THE LOCATION:**

Name:	Telephone # (s)
_____	_____
_____	_____
_____	_____

Directions to Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alarm Company: \_\_\_\_\_ Telephone # \_\_\_\_\_

Type of Alarm: \_\_\_\_\_ Security System \_\_\_\_\_ Fire Alarm \_\_\_\_\_ Both

Comments: \_\_\_\_\_  
\_\_\_\_\_

If Knox Box present, specify location: \_\_\_\_\_

PLEASE RETURN FORM TO: Sanford Regional Communications  
935 Main St.  
Sanford, ME 04073  
OR  
FAX: 207-324-9180

**\*\*PLEASE NOTIFY US WHENEVER CHANGES ARE MADE OR AN UPDATE IS NEEDED\*\***