



TEMPLETON POLICE DEPARTMENT

Office of the Chief of Police

33 South Road

Templeton, MA 01468

Date: _____

Alarm Location:

Name: _____

Address: _____

Telephone: _____

Alternate/Keyholder information:

1. Name: _____

Telephone: _____

2. Name: _____

Telephone: _____

3. Name: _____

Telephone: _____

Alarm Company:

Name: _____

Telephone: _____

Please mark "Y" or "N"

Burglar Alarm: ____ Fire Alarm: ____ Silent: ____ Audible: ____ Delayed: ____

Will it reset?: ____ Hold-up: ____

Special Instructions: *Information that will be useful to responders.*

***Please ensure that you update dispatch with any changes that may occur so that we can update our records*