

DEPARTMENT OF POLICE
TOWN OF BARRINGTON

BUSINESS INFORMATION SHEET

DATE: _____

Business Name: _____

Street: _____

Mailing Address: (if different) _____

Owner of Business: _____ Date of Birth _____

Residence: _____

Telephone: (Home) _____ (Bus) _____ (Cell) _____

Email: (Personal) _____

(Business) _____

Persons to be Contacted in Case of Emergency:

Name: _____ Name: _____ Name: _____

Date of Birth _____ Date of Birth _____ Date of Birth _____

Address: _____ Address: _____ Address: _____

Home #: _____ Home #: _____ Home #: _____

Cell #: _____ Cell #: _____ Cell #: _____

Type of Alarm System: (check all applicable)

- Burglary Robbery Other _____
 Perimeter Contacts Mats
 Ultrasonic Microwave Passive Infrared Photoelectric
 Other (specify)

Alarm Termination Point: (check all applicable)

- Direct Connect to Strafford Dispatch Local Audible
 Central Station

Name of Central Station _____

Barrington Police Department Email: barringtonpd@gmail.com