

**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