

**VILLAGE/TOWN OF MOUNT KISCO
ALARM DATA ENTRY SHEET**

BUSINESS or RESIDENT NAME _____

Last Name _____ First Name _____

Address _____ Apt/Suite # _____

City/Town _____ State _____ Zip _____

Phone Number (914) _____

Email Address _____

ALARM COMPANY/INSTALLER/MONITORING COMPANY INFORMATION

Alarm Company Name _____

Address _____ City/State _____ Zip _____

Phone _____

Alarm Type(s) Burglar/Fire/Holdup/Medical/Panic (circle one or more)

Guard Dog _____ Weapons & Location _____

Night Light _____

HAZARDOUS MATERIAL

HAZARDOUS MATERIAL TYPE & LOCATION

Please Note: If there are any changes during the year that might affect the information you have supplied us, it is your responsibility to notify this department in writing as soon as possible so that changes may be made in our computer system.

EMERGENCY CONTACT INFORMATION

Contact No. 1

Name _____ Relationship _____

Address _____ City/State _____ Zip _____

Telephone 1 _____ Telephone 2 _____

Comments: _____

Contact No. 2

Name _____ Relationship _____

Address _____ City/State _____ Zip _____

Telephone 1 _____ Telephone 2 _____

Comments: _____

Contact No. 3

Name _____ Relationship _____

Address _____ City/State _____ Zip _____

Telephone 1 _____ Telephone 2 _____

Comments: _____

Contact No. 4

Name _____ Relationship _____

Address _____ City/State _____ Zip _____

Telephone 1 _____ Telephone 2 _____

Comments: _____