

**KEENE POLICE DEPARTMENT
EMERGENCY CONTACTS**

Name of Property: _____

Address: _____

Business Tel. Number: _____

Is the facility alarmed? Yes ____ No ____ . If yes, an Alarm Permit Application (KPD Form 85-2) must be completed.

Property Owner: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Persons to be called in the event of an emergency when the premise is vacated.

[] Check here if property owner should be contacted first.

Primary Contact: _____

Address: _____

Tel. Number: _____ Alternate Tel. Number: _____

Alternative Contact: _____

Address: _____

Tel. Number: _____ Alternate Tel. Number: _____

Alternative Contact: _____

Address: _____

Tel. Number: _____ Alternate Tel. Number: _____

Additional contacts or other comments may be attached to this form.