

**TOWN OF NEW SHOREHAM
FIRE ALARM RESPONDER CONTACT LIST**

Name of Premises: (this data will display at Police Dispatch)	
Location of Premises:	Fire #(s):
Location of Key Knox Box:	
Owner	
Name:	
Mailing Address:	
Email:	
1st Contact Phone:	Home / Work / Cell
2nd Contact Phone:	Home / Work / Cell
Lessee	
Name:	
Mailing Address:	
Email:	
1st Contact Phone:	Home / Work / Cell
2nd Contact Phone:	Home / Work / Cell
Manager or Person on Possession of Premises	
Name:	
Email:	
1st Contact Phone:	Home / Work / Cell
2nd Contact Phone:	Home / Work / Cell
Alarm Activation First Point of Contact	
Name:	
Relationship with Premises:	
1st Contact Phone:	Home / Work / Cell
2nd Contact Phone:	Home / Work / Cell
Alarm Activation Second Point of Contact	
Name:	
Relationship with Premises:	
1st Contact Phone:	Home / Work / Cell
2nd Contact Phone:	Home / Work / Cell
Licensed Sprinkler Company (Photocopy of license must be attached)	
Name:	
Address:	
Email:	
1st Contact Phone:	Home / Work / Cell
2nd Contact Phone:	Home / Work / Cell
Licensed Fire Alarm System Service Provider (Photocopy of license must be attached)	
Name:	
Address:	
Email:	
1st Contact Phone:	Home / Work / Cell
2nd Contact Phone:	Home / Work / Cell