



**SOUTHWICK POLICE DEPT.**  
**P.O. BOX 1144**  
**SOUTHWICK, MA 01077**  
**PHONE 569-5348 FAX 569-5999**



This form has been left by a member of the Southwick Police Department as a request for either updated or new data for this property. We request this data to assist us in Police and Fire emergency responses. Please take the time to fill out this form as completely as possible and return to the Southwick Police Department by Mail, Fax or in Person.

RESIDENCE: \_\_\_\_\_ SITE # \_\_\_\_\_

STREET & NO. \_\_\_\_\_ P.O BOX \_\_\_\_\_

HOME PHONES #1. \_\_\_\_\_ #2 \_\_\_\_\_

**Owner:** Name \_\_\_\_\_ / \_\_\_\_\_  
Last First

Email Address: \_\_\_\_\_

**KEY HOLDERS – ALARM AND EMERGENCY CONTACTS**

**Please Note:** The people you list will be called in order given. They should be available night or day in the event contact is needed for your property. Please list Primary contact and sequential order for other contacts.

**Primary:** Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First  
 Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City  
 Phones: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Any Others

**2<sup>nd</sup>** Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First  
 Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City  
 Phones: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Any Others

**3<sup>rd</sup>** Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First  
 Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City  
 Phones: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Any Others

**4<sup>th</sup>** Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First  
 Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City  
 Phones: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

