



CITY OF GARDNER POLICE DEPARTMENT

Phone:(978)632-5600

200 Main Street
Gardner, Massachusetts 01440

Fax:(978)630-4027



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REGISTRATION FORM FIRE/SECURITY SYSTEM

To whom it may concern:

In an effort to provide better service to our residents, we ask that you fill out the information below and mail or fax it to the Gardner Police Department: **200 Main St Gardner, MA 01440 Fax: (978) 632-9045**

This information will also be shared with the Gardner Fire Department. Thank you in advance for your participation.

FIRE [] SECURITY [] OR BOTH [] (Please check the appropriate box) RADIO BOX # (IF APPLICABLE) _____

NAME (BUSINESS OR PROPERTY OWNER): _____

ADDRESS: _____ PHONE#: _____

CITY: _____ STATE: _____ ZIP: _____ CELL PHONE#: _____

ALARM COMPANY

NAME: _____ PHONE#: _____

ADDRESS: _____

PERSON(S) TO NOTIFY: (LIST IN ORDER TO BE CALLED)

NAME: _____ HOME PHONE#: _____

ADDRESS: _____ CELL PHONE#: _____

CITY/TOWN: _____

NAME: _____ HOME PHONE#: _____

ADDRESS: _____ CELL PHONE#: _____

CITY/TOWN: _____

NAME: _____ HOME PHONE#: _____

ADDRESS: _____ CELL PHONE#: _____

CITY/TOWN: _____

IF THIS IS A SECURITY SYSTEM IS IT AUDIBLE [] OR SILENT [] WILL ALARM RESET ON ITS OWN YES [] NO []

IF PROPERTY IS EQUIPPED WITH SPRINKLERS PLEASE PROVIDE SPRINKLER COMPANY INFORMATION BELOW
(INCLUDE NAME AND PHONE NUMBER OF COMPANY)

DO YOU HAVE A KNOX BOX OR RAPID ENTRY SYSTEM: YES [] NO [] IF NO WOULD YOU LIKE INFO ON THIS TYPE OF SYSTEM: YES [] NO []

