

**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.

email form to Police Station  
astaubin@ci.keene.nh.us