

**Department of Police
Town of Barrington**

Business Information Sheet

Date: _____

Primary Contact/Owner: _____ DOB: _____

Street: _____

Mailing Address (if different): _____

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

Persons to be contacted in case of emergency

Secondary Contact: _____ DOB: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

3rd Contact: _____ DOB: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Alarm Company: _____ Phone: _____

Alarm System () Yes () No

- | | | |
|-------------------|---------------|---------------------------|
| () Burglary | () Robbery | () Other _____ |
| () Perimeter | () Contacts | () Mats () Other _____ |
| () Ultrasonic | () Microwave | () Passive Infrared |
| () Photoelectric | | () Other (specify) _____ |