



TOWN OF YORK, MAINE

Police Department

Douglas P. Bracy
Chief of Police

Mailing Address:
36 Main Street
York, Maine 03909

Dispatch
Non Emergency
(207) 363-4444

Administration
(207) 363-1031

Facsimile
(207) 361-6818

www.yorkpolice.org

Dear Alarm Holder,

Enclosed please find a copy of the Town of York's alarm and contact information packet concerning the response of police, fire and medical services to your home and or business within the Town of York, Maine. Please read and complete the entire packet as thoroughly as possible. The information requested will assist the responding emergency personnel with providing you the highest level of service in the event an emergent situation arises.

Response to false alarms are costly in both equipment and man hours, and as in any emergency, pose potential danger to first responders. The Town of York has adopted a policy that provides for an assessment of fees for false alarms in a calendar year. The intent of this fee is to reduce the total number of false alarms requiring response of emergency services, and to ensure the quality and integrity of your alarm system. If you experience a problem with your alarm the men and women of the York Police Department will gladly assist you and your authorized dealer to effectively address and correct your alarm system issues.

Thank you in assisting us at the York Police Department, we appreciate your time and look forward to working with you.

Sincerely,

Douglas P. Bracy
Chief of Police

Committed
to excellence



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ALARM AND CONTACT INFORMATION

PLEASE PRINT LEGIBLY

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RESIDENTIAL ____ BUSINESS ____ (SEASONAL/YEAR ROUND)

NAME OF BUSINESS OR NAME OF RESIDENTIAL OWNER:

ADDRESS FOR BUILDING:

ON SITE TELEPHONE NUMBER:

ALARM TYPE: FIRE ____ POLICE ____ MEDICAL ____ N/A ____

ALARM COMPANY NAME AND TELEPHONE # _____

BRIEF DESCRIPTION OF BUSINESS/HOUSE: (i.e. COLOR, STYLE, OUT BUILDINGS, LANDMARKS)

ARE THERE RESIDENTS LOCATED AT THIS ADDRESS THAT HAVE ANY DISABILITIES OR WHO MAY REQUIRE SPECIAL ATTENTION FROM FIRE/EMS/POLICE IN AN EMERGENCY SITUATION? (i.e. VISUAL, ORTHOPEDIC, HEARING, PSYCHOLOGICAL)



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ARE THERE ANY HAZARDS LOCATED ON YOUR SITE THAT WOULD REQUIRE SPECIAL ATTENTION FROM FIRE/EMS/POLICE IN AN EMERGENT SITUATION? (i.e. HAZMAT, CONFINED SPACE, PETS)

IS THERE A GATE/DOOR CODE OR HIDDEN KEY AVAILABLE FOR EMERGENT ACCESS TO YOUR SITE? YES / NO NUMBER/LOCATION? _____

KNOX BOX? YES / NO SPECIFIC LOCATION? _____

DO YOU HAVE A SPRINKLER SYSTEM INSTALLED? YES / NO

IF YES WHAT IS THE SPECIFIC LOCATION OF THE FIRE DEPARTMENT CONNECTION (WHERE FIRE HOSE HOOKS INTO BUILDING) TO THE BUSINESS/HOUSE?

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PRIMARY OWNER INFORMATION:

NAME:

ADDRESS:

MAILING IF DIFFERENT:

HOME: _____ **BUSINESS:** _____ **CELL:** _____

EMAIL: _____

SECONDARY CONTACTS / KEY HOLDERS:

PLEASE LIST UP TO 5 CONTACTS WITH NAME AND BEST NUMBER TO REACH FOR CONTACT AT ALL HOURS. PLEASE LIST 1-5 IN ORDER OF CONTACT REQUEST:

1 _____

2 _____

3 _____

4 _____

5 _____

RELEASE

BY READING AND SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE REQUESTED THIS INFORMATION BE ENTERED INTO THE SYSTEM OF THE YORK POLICE DEPARTMENT IN THE TOWN OF YORK, MAINE TO ASSIST IN THE RESPONSE TO AND FOLLOW UP OF ALL ALARMS AND EMERGENCY SITUATIONS FOR THE ADDRESS LISTED.

THE TOWN OF YORK MAKES NO REPRESENTATION OF ANY KIND OR NATURE AS TO THE EFFECTIVENESS, OPERABILITY, OR WORKABILITY OF THE ALARM SYSTEM OR MONITORING COMPANY INVOLVED WITH THE SITE ALARM. FURTHER MORE YOU RELEASE THE TOWN OF YORK AND ITS DESIGNEES FROM ANY AND ALL LIABILITY FOR DAMAGE TO OR LOSS OF PROPERTY, OR FROM PHYSICAL INJURY OR DEATH RESULTING FROM THE FAILURE OF THE SYSTEM TO OPERATE PROPERLY, OR FROM ANY NEGLIGENCE ON THE PART OF THE TOWN OR ITS DESIGNEES.

THE TOWN OF YORK HAS ADOPTED A POLICY THAT PROVIDES FOR AN ASSESSMENT OF FEES FOR FALSE ALARMS IN A CALENDER YEAR. THE INTENT OF THE FEE IS TO REDUCE THE TOTAL NUMBER OF FALSE ALARMS REQUIRING RESPONSE OF EMERGENCY SERVICES, AND TO ENSURE THE QUALITY AND INTEGRITY OF YOUR ALARM SYSTEMS. IF YOU EXPERIENCE A PROBLEM WITH YOUR ALARM THE MEN AND WOMEN OF THE YORK POLICE DEPARTMENT WILL GLADLY ASSIST YOU AND YOUR AUTHORIZED INSTALLER/MONITOR TO EFFECTIVLY ADDRESS AND CORRECT THE SYSTEM.

IF YOU HAVE MOVED TO A NEW LOCATION FROM A PREVIOUS BUILDING IN TOWN PLEASE PROVIDE THE ADDRESS AND NAME FOR THAT SITES REMOVAL:

OWNER PRINT: _____ **SIGNATURE** _____