



Town of Leicester
Town Hall, 3 Washburn Square
Leicester, Massachusetts 01524-1333
Phone: (508) 892-7000
www.leicesterma.org



Business Emergency Contact Information/Alarm Registration Form

If an emergency arises, it is important that Leicester's public safety departments have up-to-date contacts and information about your business location. **Please Note:** Alarm systems must be registered with the Leicester Fire/EMS Department.

Are you a new or existing business within the Town of Leicester? New ☐ Existing ☐

Business Name: _____

Corporation Name (if applicable): _____

Business Address: _____

Phone Number: _____ Email Address: _____

Business Hours: Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____

Business Owner Name: _____

Business Owner Residential Address: _____

Owner/Applicant's Mailing Address (if different than above): _____

Phone Number: _____ Email Address: _____

Building Owner/Landlord Name*: _____

Building Owner/Landlord Address*: _____

Building Owner/Landlord Mailing Address (if different than above)*: _____

Phone Number*: _____ Email Address*: _____

**If applicable*

CONTACTS IN CASE OF EMERGENCY

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

ALARM SYSTEM INFORMATION (if applicable)

Do you have an alarm system? Yes ☐ No ☐

Conditions Reported by Alarm: Burglary ☐ Hold Up ☐ Fire ☐

Type of Alarm System: Audible ☐ Monitored Off-Site ☐ Both ☐

Sounds Outside Premises: Yes ☐ No ☐

Alarm Monitoring Name: _____ Phone Number: _____

Does the alarm auto-reset? Yes ☐ No ☐ If 'Yes', after how many minutes? _____

Please submit your completed form to the Leicester Police Department, 90 South Main Street, Leicester, MA 01524. If you are registering a new alarm system, please include the \$25.00 Alarm Registration Fee with your completed form. The fee shall be paid with Check or Money Order made payable to the 'Town of Leicester'.

BUSINESS LOCATION INFORMATION

Type of Premises:	Residential	Commercial	Industrial
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Location of Gas Shutoff: _____

Location of Water Main Shutoff: _____

Location of Electric Main and Breakers: _____

Location and Type of Sprinkler System or Other Fire Control System:

Do you have a video surveillance system?	Yes	No

Video Surveillance System Details: _____

On-Site Hazardous Materials/Conditions *(if applicable)*: _____

Number of Building Entrances: _____ **Locations of Entries:** _____

Number of Building Exits: _____ **Locations of Exits:** _____

Notes/Comments:

Full Name of Registerer: _____

Signature: _____ **Date:** _____

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