



# KENNEBUNK PUBLIC SAFETY KENNEBUNK, MAINE



Robert F. MacKenzie – Chief of Police

Justin Cooper – Fire Chief

## RESIDENTIAL AND BUSINESS SITE INFORMATION FORM

You may use the back of this form for additional information. **Please attach, if possible, copies of a site map and building floor plans.**

New Site Information    Updating Site Information   KPD Use Only: IMC Site Code: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_ Type of Business: \_\_\_\_\_

Building Owner Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Address of Site: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Directions to site, include cross streets and a description of the building: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number at this location: \_\_\_\_\_ Secondary Phone at this location: \_\_\_\_\_

**SECTION A: Alarm Type(s)**    None    Fire    Medical    Panic    Hold-Up    Burglary  
Continue to section B

Other: \_\_\_\_\_

Alarm Servicing Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Monitoring System: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Audible Alarm  No    Yes   Minutes before alarm resets: \_\_\_\_\_   Fire Sprinkler System:  No    Yes

**SECTION B: Business Info**   Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Leave Blank for Residential Site and

Continue to Section C   Address: \_\_\_\_\_

Seasonal Dates Open: \_\_\_\_\_    Year-Round   Normal Hours and Days of Operation: \_\_\_\_\_

Sole Proprietorship: \_\_\_\_\_ Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_

Knox Box on Premises:  No    Yes, Location: \_\_\_\_\_

List any **HAZARDOUS MATERIALS** located on premises and where they are located (Location of MSDS sheets): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C: Contact Persons**   Contact Persons for emergencies and/or property checks. Indicate, by checking the box, if they have a key. List these persons in the order they are to be called.

1. Name: \_\_\_\_\_ Key:  Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

2. Name: \_\_\_\_\_ Key:  Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

3. Name: \_\_\_\_\_ Key:  Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Filling out this form provides information to the Kennebunk Police Department, Fire Department and Town Hall to better serve you.