



If you have a question regarding your alarm invoice, you may contact Jennifer Erichsen for account information or Sheila Clinger for payment information at 508-228-1212 or via e-mail at je@nantucketpolice.com. Please include:

- your name
- phone number where you can be reach between 8:00 and 4:00
- your account number or location address
- your question or concern.

The Nantucket Police Department sends invoices once a year which include:

- \$100 per false alarm (the first 3 are free) for the previous calendar year
- \$ 50 Burglar Alarm Registration Fee for each registered alarm for this year
- A return stub designating the alarm company, caretaker or other contact

If you have more than one property on Nantucket with a Burglar Alarm, your accounts have, in many cases, been consolidated to show on one invoice. If you wish to have separate invoices, please e-mail je@nantucketpolice.com and your accounts will be separated.

Please note that the Police Department responds to calls from your alarm company. You must designate with your alarm company who is to be notified when your alarm goes off. The Police Department will notify the contacts specified if a crime has been committed on your property, but not if the officer determines that it was a false alarm.

All alarm account balances reflecting a zero or small credit balance will not be mailed. A refund will be issued on any invoices reflecting a credit larger than \$50. These will be processed by March 15.

Nantucket Police Department

Alarm/Caretaker Information

PROPERTY LOCATION *CONSULT YOUR TAX BILL FOR EXACT INFORMATION*

1. EXACT STREET NUMBER	2. LEGAL STREET NAME	3. DATE FILED
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OWNER INFORMATION *IF OCCUPANT AND OWNER ARE DIFFERENT, PROVIDE BOTH NAMES*

4. PROPERTY OWNER(S) OF RECORD (Last Name, First Name, Initial)	5. LOCAL TELEPHONE NUMBER(S)
6. RESIDENTIAL ADDRESS OF PROPERTY OWNER (STREET, CITY, STATE, ZIP)	7. TELEPHONE NUMBER(S)
8. MAILING ADDRESS OF PROPERTY OWNER (STREET, CITY, STATE, ZIP)	9. TELEPHONE NUMBER(S)

PROPERTY INFORMATION *IF APPLICABLE, PROVIDE NAME OF BUSINESS*

10. IS THE PROPERTY LISTED IN BLOCKS 1 AND 2 EQUIPPED WITH AN ALARM SYSTEM?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE NAME AND TELEPHONE NUMBER OF ALARM COMPANY:
11. DESCRIPTION OF RESIDENCE OR BUSINESS (If location is in a remote area, please provide directions)		

CARETAKER INFORMATION / PERSONS TO NOTIFY *LIST IN ORDER OF NOTIFICATION*

12.	NAME: (LAST, FIRST, INITIAL)	HOME TELEPHONE NBR.	WORK TELEPHONE NBR.
1			
2			
3			
4			
5			
6			

13. SPECIAL INSTRUCTIONS (If Any)