



Chief Steven J. Wojnar
Lt. Marek Karłowicz

**TOWN OF DUDLEY
POLICE DEPARTMENT
71 West Main Street
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Sgt. Dean P. Poplawski
Sgt. Paul T. Ceppetelli
Sgt. James Annese

Business/Residence Emergency Contact Information

Date: _____

Business/Residence Information:

Business Name (if applicable): _____ Telephone #: _____
Street Number: _____ Street Name: _____ Town: _____
Business/Residence Owner's Name: _____ Telephone #: _____
Address: _____
Email address: _____

Alarm System:

Alarms: Burglar Hold-up Fire Medical Other: _____ None
Alarm Company Name: _____ Telephone #: _____

Key-Holder Information:

Primary Contact Name: _____ Telephone #: _____
Title/Relation: _____ Alt. Phone #: _____

Secondary Contact: _____ Telephone #: _____
Title/Relation: _____ Alt. Phone #: _____

Third Contact: _____ Telephone #: _____
Title/Relation: _____ Alt. Phone #: _____

Fourth Contact: _____ Telephone #: _____
Title/Relation: _____ Alt. Phone #: _____

Building Owner (if different):

Name: _____ Telephone #: _____
Contact Person (if company): _____
Address: _____

Special Comments or Hazardous Conditions (Please list any animals or other hazards in the building):

Department usage only

Entered into IMC on _____ by _____ Site #: _____