

**Town of Saugus
Department of Police**

SITE INQUIRY FORM

The purpose of this form is to be certain that information is correct to best respond to any calls regarding your property.

Business Name: _____

Address: _____ Suite/Apt. # _____

Telephone Number: _____
Saugus, MA

Alternate Contact #1: Last _____ First _____ M _____

Telephone Number: _____

Alternate Contact #2: Last _____ First _____ M _____

Telephone Number: _____

Alarm Company Name: _____

Alarm Company Telephone: _____

Please fill out form completely and return to:
Saugus Police Department Attention: Alarms
27 Hamilton Street
Saugus, MA 01906 Fax: 781-231-4019

As a condition of your license, you are required to keep this information updated.

Effective July 1, 2009 the following fee structure will take effect for false alarms:
Two false alarms: allowed Third false alarm: \$50.00 Fourth and fifth false alarm: 100.00
Sixth and subsequent false alarm: \$200.00. Failure to pay within 30 days will result in additional late fees.