

**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.*

Homeowners 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

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.