Date: ______________

House #: _____________ Last Name(s): __________________________

First Name(s): __________________________________________________

Children: ______________________________________________________
            (List children by ages only if resident)

Residence phone number(s): ______________________________________

Best Contact phone #__________________________________________
            (In case of emergency)

Business phone #: ____________________ Cellular Phone #: ____________

Disabled persons requiring assistance in emergency                Yes  No
            ______________________________________________________
            (Please identify person & nature of disability)

Best Contact person & phone number: _____________________________
            (In case of emergency)

Alarm company: ____________________________ Phone #: ________________

Autos:
Year  Make  Model  Plate  Year  Make  Model  Plate
________________________________________________________________
________________________________________________________________
________________________________________________________________
Dog(s) on premises?  Yes  No

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<th>Breed</th>
<th>Color</th>
<th>Name</th>
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Is there an automatic gate?  Yes  No  Code/Combination________

Will you have lights on timer in your absence?  Yes  No

Will Premises be operated by generator in emergency?  Yes  No

Do you live in a 3-acre or larger zone?  Yes  No

Do you want us to randomly patrol your driveway?  Yes  No

Location of the closest water source - for the Bayville F.D. (i.e.: pool, well, road to the Bay, etc.) ________________________________________________________________________

Additional Comments: ____________________________________________________________
  ____________________________________________________________

E-mail address ____________________________

Signature: ____________________________

**All information supplied is for police department use only and kept strictly confidential.**