

Goshen Police Department  
40A Main St  
P.O. Box 23  
Goshen, MA 01032

Dear, home, land and business owners,

To assist the Emergency Services of the Town of Goshen, we ask that you the Home, Land or (lake lot) and Business owners, complete and return the attached forms. All information provided would ONLY be used in the event of an emergency where others would have to be notified. All forms will be kept in a locked area of the Police Department.

Please return form to:  
Goshen Police Department  
P.O. Box 23  
Goshen, MA 01032

Or, the forms can be e-mailed back to [goshenpdnews@aol.com](mailto:goshenpdnews@aol.com).

Please use 'Home Information Sheet' and your address in the subject box.

If you have any questions on these forms, contact the Police Department on our business number (413-268-3116).

Thank you in advance.

Chief Jeffrey Hewes

**TOWN OF GOSHEN**  
HOME / BUSINESS INFORMATION SHEET

Property Owner(s)

Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Work Number \_\_\_\_\_

Work number \_\_\_\_\_

Street Address of Property **in** Goshen

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goshen Property Phone Number  
(    ) 268-\_\_\_\_\_

Lot # \_\_\_\_\_

Check box  See next page for information on additional Property Owners Addresses

**Person(s) to contact in case of Emergency IF PROPERTY OWNERS ARE NOT AVAILABLE**

Name & Number \_\_\_\_\_

Name & Number \_\_\_\_\_

Name & Number \_\_\_\_\_

Does Your Home have A Alarm System Yes  No

Smoke/Fire Yes  No

Burglary / Intruder Yes  No

Automatic Phone Dial Yes  No

External Horn / Siren Yes  No

**WHEN ALARM IS ACTAVATED WHO DOES IT NOTIFY:**

Goshen Police Department: Yes  No

MA State Police: Yes  No

Goshen Fire Department: Yes  No

Alarm Company: Yes  No

**Alarm Company**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Local Residents who have Keys to your Home/Business please list name and Number

1. Name \_\_\_\_\_ Phone# \_\_\_\_\_

2. Name \_\_\_\_\_ Phone# \_\_\_\_\_

Does the above resident(s) have **PERMISSION** to enter your home or Business in the event of an emergency

Yes  No

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE CAN BE ADDED ON A SEPARATE SHEET

This form is in the event that something happens to your family or an elderly family member while you/they are at the lake. To better help us contact the person who you would want us to.

**TOWN OF GOSHEN**  
Elder Emergency Contact Information Form

**Your Name/family members:** \_\_\_\_\_  
Last First MI

Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State

**Emergency Contact Name:** \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State

Contact's Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

If unavailable (2nd) Contact Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State

Contact's Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Preferred local hospital: \_\_\_\_\_

**In the event of death what local funeral home would you like us to contact?**

\_\_\_\_\_  
Name Address Phone Number

**Who in your family / friend would you like us to contact?**

**In the event of an emergency?**

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Name Address Phone Number

**In the event of death?**

\_\_\_\_\_  
Name Address Phone Number

On behalf of the police department we would like to thank you for providing us with this information. We know many people don't think they will ever need this info, but many times we are left to guess on whom to call, in the event of emergency or death. All information provided will be kept confidential. Consider using the back of this form if there is any additional information that can help us to help you.