



ALARM REGISTRATION

- 1. Alarm is used for what purpose: (Check One) Residential Commercial
- 2. Name of Alarm Owner: _____

Last
First
MI.

 Address: _____

Street
Apartment/Unit

City
State
Zip
() Home Phone
() Cell Phone

 Email Address: (If Applicable) _____
- 3. Alarm Site Address: (If Different than above) _____
- 4. Business Name: (If Applicable) _____
- 5. This alarm is (Check One) Burglary Hold Up Silent Duress Panic Alarm
- 6. This alarm is (Check One) Audible Silent

Secondary Contact Persons

- 7. Name: (Primary) _____
 If the alarm owner cannot be contacted, the secondary contact person will be called.
 Address: _____

Street
Apartment/Unit

City
State
Zip
Phone # ()
- 8. Name: (Alternate) _____
 Contact Person must be different than Alarm Owner(s)
 Address: _____

Street
Apartment/Unit

City
State
Zip
Phone # ()

Alarm Company

- 9. Is your alarm monitored by an Alarm Company? Yes No
- 10. Name: _____
 Address: _____

Street
City
State
Zip

 Phone # () _____

Complete Information on Reverse Side

11. Monitoring Company (if Different than Alarm Company)

Name: _____
Address: _____ State _____ Zip _____
Phone # (_____) _____

12. SPECIAL INSTRUCTIONS OR NOTES

(Directions if the home or business is difficult to locate, dogs, swimming pools, other hazards, etc.)

Please check the following applicable boxes:

- 13. I have received written operating instructions from my alarm company.
- 14. I have been trained by my alarm company on the proper use of my alarm system?
- 15. I have received written guidelines on how to avoid false alarms?

16. I, the undersigned, have read the City of Attleboro's regulations in regards to the registration and use of alarm systems within the city. I understand that by signing this form, I accept responsibility for any and all fines that may be assessed in accordance with the City of Attleboro Alarm Ordinance. All alarm registrations are valid for 2 years and will expire on December 31st of the second year. In the event of any changes to the above information, I agree, within 10 business days, to notify Todd Castro, Alarm Administrator, in writing or at (508) 223-2224 Ext. 2648.

Name: _____ Date of Birth: ____ / ____ / ____
Mailing Address: _____
Signature: _____ Date: _____

NOTICE:

Alarm registration cannot be to a business or corporation name. All alarms must be registered as an individual user. Registration forms may be mailed to, or dropped off, at the Attleboro Police Department, c/o Todd Castro, Alarm Administrator, 12 Union St. Attleboro, MA. 02703.

*****PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS *****

APD Personal who received registration: _____

Cad #: _____ **Date Received:** _____ **Time:** _____