

Alarm Company

Is your alarm monitored by an Alarm Company? Yes No

Name: _____

Address: _____
Street City State Zip

Phone # (_____) _____

1. SPECIAL INSTRUCTIONS OR NOTES (Voluntary)

(Directions if the home or business is difficult to locate; dangerous dogs; or other special hazards, etc.)

Please check the following applicable boxes:

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

I, the undersigned, acknowledge 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 the applicable violations 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 Lt. Kyle P. Heagney, Alarm Administrator.

Print Name: _____ Date of Birth: ____ / ____ / ____

Mailing Address: _____

Signature: _____ Date: _____

NOTICE:

Registration forms may be mailed or personally delivered to the Attleboro Police Department, c/o Lt. Kyle P. Heagney, 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:** _____