



# Attleboro Police Department

12 Union St. Attleboro, MA. 02703 (508)222-1212

PERMIT # (OFFICIAL USE ONLY)

## ALARM REGISTRATION

Alarm Site is used for what purpose: (Check One) ☐ Residential ☐ Commercial

Name/Business: \_\_\_\_\_  
Last First MI.

Address: \_\_\_\_\_  
Street Apartment/Unit Alarm Site Phone Number

Email Address: (if applicable) \_\_\_\_\_

Who is legally responsible for payment of any applicable fines?

Name \_\_\_\_\_  
\_\_\_\_\_  
City State Zip ( ) ( )  
Home Phone Cell Phone

### Alarm Company

Is your alarm monitored by an Alarm Company? Yes ☐ No ☐

Name: \_\_\_\_\_

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

Phone # ( ) Website: \_\_\_\_\_

### Monitoring Company

Name: \_\_\_\_\_

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

Phone # ( ) Website: \_\_\_\_\_

### Responders

Responder means an individual capable of reaching the Alarm Site within 25 minutes after notification and having access to the Alarm Site.

(1) Name: \_\_\_\_\_

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

Phone # ( ) Cell # ( )

(2) Name: \_\_\_\_\_

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

Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

If the Alarm User does not have a *Responder*, the Alarm Administrator may permit a *hardship waiver* of this requirement. Such wavier shall be for valid reasons. The Alarm User shall request, in writing, to the Alarm Administrator for such waiver.

This alarm is (Check) ☐ Burglary ☐ Hold Up/Robbery ☐ Duress ☐ Panic Alarm

This alarm is (Check) ☐ Audible ☐ Silent

**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 ordinance 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 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 31<sup>st</sup> of the second year. In the event of any changes to the above information, I agree, within 10 business days, to the Alarm Administrator. This registration form shall not be valid unless signed by the person, or his designee, who is legally responsible for the alarm site.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:**

Registration forms may be mailed, faxed, emailed, or personally delivered to the Attleboro Police Department, Alarm Administrator, 12 Union St. Attleboro, MA. 02703, Email: KGolden@attleboropolice.org  
FAX: (508) 223-2210