Athol Police Department

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Craig Lundgren
Chief of Police

ALARM REGISTRATION FORM

SECTION I: For Official Use Only Fee: $25.00

Date: _____ Registration #: _____

SECTION II: ALARM OWNER INFORMATION

Owner: _____
Last (or Business Name) First Middle Initial

Alarm Location: _____
Number and Street

_____
Town State Zip Code

_____ _____
Home Phone # Business Phone #

_____ _____
Emergency Phone # Cell Phone #

SECTION III: BILLING INFORMATION

Name: _____
Last (or Business Name) First Middle Initial

Billing Address: _____
Number and Street

_____
Town State Zip Code

SECTION IV: EMERGENCY CONTACTS

1. Name: _____

   Address: _____

   Home Phone: _____ Work Phone:_____ Cell Phone:_____

2. Name: _____

   Address: _____

   Home Phone: _____ Work Phone:_____ Cell Phone:_____

SECTION V: ALARM DESCRIPTION

Make of System: _____

Is this Alarm? (Check One) ☐ Industrial ☐ Commercial ☐ Public ☐ Residential

Type of Alarm? (Check all that apply) ☐ Intrusion ☐ Holdup ☐ Fire ☐ Other (explain)

_____

Does this alarm system use any of the following devices?

☐ Intrusion Detectors ☐ Motion Detectors ☐ Panic Button ☐ Money Lift
☐ Sound Detectors ☐ Interior Audible Device ☐ Exterior Audible Device

If an audible device is used, does this device automatically reset after a period of time?

☐ NO ☐ YES Duration of Alarm: _____

_____ _____

SIGNATURE OF APPLICANT **DATE OF APPLICATION**