



Athol Police Department

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Timothy C. Anderson

Chief of Police

ALARM REGISTRATION FORM

SECTION I:	For Official Use Only	Fee: \$25.00
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Date: _____ Registration #: _____

SECTION II:	ALARM OWNER INFORMATION
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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
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Name: _____
Last (or Business Name) First Middle Initial

Billing Address: _____
Number and Street

_____ Town State Zip Code

Form 2010-5_APD

☆ Duty ☆ Honor ☆ Community ☆

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 ☐ ResidentialType 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