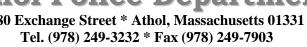


Athol Police Department 280 Exchange Street * Athol, Massachusetts 01331





Timothy C. Anderson Chief of Police

ALARM REGISTRATION FORM

SECTION I:	For Official Use Only		Fee: \$25.00
Date:			
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 Ph	none #
	Emergency Phone #	Cell Phone	#
SECTION III:	BILLING INFORMA	TION	
Name:			
	Last (or Business Name)	First	Middle Initial
Billing Address:			
-	Number and Street		
	Town	State	Zip Code

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SECTION IV:	EMERGENCY CONTAC	CTS
1. Name:		
Address:		
Home Phone:	Work Phone:	Cell Phone:
2. Name:		
Address:		
Home Phone:	Work Phone:	Cell Phone:
SECTION V:	ALARM DESCRIPTION	Г
Make of System:		
Is this Alarm? (Check	One)	ommercial □ Public □ Residential
Type of Alarm? (Chec	ck all that apply) □ Intrusion □	Holdup □ Fire □ Other (explain)
Does this alarm syster	m use any of the following devices?	,
☐ Intrusion Detectors		☐ Panic Button ☐ Money Lift ☐ Exterior Audible Device
If an audible device is	used, does this device automaticall	ly reset after a period of time?
□ NO	☐ YES Dura	ation of Alarm:
SIGNATURE OF AI	PPLICANT	DATE OF APPLICATION

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