



Attleboro Police Department
 12 Union St. Attleboro, MA. 02703

PERMIT # (OFFICIAL USE ONLY)

APPLICATION FOR ALARM LICENSE

1. Name of Alarm Company:

Address: _____

Street

_____ (_____) _____ (_____) _____
 City State Zip Phone Number Fax Number

Email Address: (If Applicable) _____

2. I, the undersigned, have read the City of Attleboro's regulations regarding alarms. (Copy available on-line)
 I understand that by signing this form, I accept responsibility for the applicable fines that may be assessed in accordance with the City's regulations.
 I understand that police response to an alarm is not mandated and that any response may be influenced by factors including, but not limited to: the availability of police units, priority of calls, weather conditions, traffic conditions, emergency conditions and staffing levels.
 I also understand that the purpose of the regulations is to encourage alarm users and alarm companies to properly use and maintain the operational effectiveness of alarm systems in order to improve the reliability of alarm systems and to reduce or eliminate false alarms.
 Please include \$100.00 licensing fee with this application made payable to the *City of Attleboro*. There is no Renewal Fee.
 It is a violation of the City of Attleboro Alarm ordinance if a Monitoring or Alarm Company submits an alarm dispatch request to any alarm site while unlicensed.

Name: _____
Print Name

Signature: _____ Date: _____