



Attleboro Police Department
12 Union St. Attleboro, MA. 02703 (508)223-2224

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 31st 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: kblackwell@attleboropolice.org
FAX: (508) 223-2210