



PERMIT # _____

BARNSTABLE POLICE DEPARTMENT

www.barnstablepolice.com

2011 / 2012 ALARM REGISTRATION FORM

- **NAME & ADDRESS OF RESIDENCE OR BUSINESS :**

Phone# _____

Alarm Company Name _____
Address & Phone # _____

Alarm Monitored Yes _____ No _____

Alarm Monitoring Co. & Phone # _____

- **CONTACT PERSONS – Two Required** (Name and phone / cell phone number)

1. _____
(Primary)

2. _____
(Alternate)

- **SPECIAL INSTRUCTIONS OR NOTES-** (Directions, if the home or business is difficult to locate. Also please disclose other hazards i.e. dogs, swimming pools, clotheslines, firearms or other)

_____ I have received written operation instructions and have been trained by my alarm company on the proper use of my alarm system and on how to avoid false alarms.

My alarm system was last serviced on _____
Date

SEE REVERSE SIDE

I, the undersigned, have read the Town of Barnstable's regulations in regards to the registration and use of alarm systems within the town. (Copies of the regulations are available at the Barnstable Police Facility or on-line, www.barnstablepolice.com).

I also understand that by signing this form, I accept responsibility for any and all fines that may be assessed in accordance with the town ordinance. In the event any of the information that I have provided changes, I agree to notify the Barnstable Police Department immediately.

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. No person may rely upon any expected response by the Barnstable Police Department to any alarm site or system.

Name _____ Date of Birth _____

Email Address _____ Business _____ Residential _____

Mailing Address _____ Phone # _____

Signature _____ Date _____

(NOTE: Registration cannot be a business or corporation name - ALL ALARMS MUST BE REGISTERED TO AN INDIVIDUAL.)

If Business please ALSO provide Corporate name _____

Address & Phone Number _____

Owner or CEO _____

Please include a check for \$25.00 and a self-addressed, stamped envelope for the return of your alarm decal, with all registration requests. Add \$10.00 late fee for all registrations submitted after January 31, 2011 or 30 days after installation, takeover or activation of alarm system. Check or money order should be made payable to the Town of Barnstable. We do not accept cash. Completed registration forms may be mailed to, or dropped off at, the Barnstable Police Facility, c/o Alarm Dept., P.O. Box B, 1200 Phinney's Ln., Hyannis, MA, 02601. For alarm related questions please call 508-778-3824.

This registration period will expire on December 31, 2012

BARNSTABLE POLICE DEPT OFFICE USE ONLY

Commercial _____ Residential _____

Issued on _____ Issued by _____