



BARNSTABLE POLICE DEPARTMENT

2021/2022 ALARM REGISTRATION FORM

This registration period will expire on December 31, 2022

Barnstable Police
Department Use Only
Permit # _____
Site # _____

Form can be completed on a computer by tabbing through fields. Print form, sign, and mail to P.O. Box or drop off at Barnstable Police Dept.

LOCATION OF ALARM Name of Resident or Business: <input style="width: 95%;" type="text"/> Address of Residence or Business: <input style="width: 95%;" type="text"/> Phone # at Alarm Location: <input style="width: 95%;" type="text"/> <input type="radio"/> Business <input type="radio"/> Residential Special Instructions or Notes: (Directions, if location is difficult to locate. Please disclose other hazards i.e. dogs, swimming pools, clotheslines, firearms or other) <input style="width: 95%; height: 40px;" type="text"/>	PERMITTEE – All alarms, residential or business, must have <u>AN INDIVIDUAL</u> who is responsible for the alarm. Name: <input style="width: 95%;" type="text"/> Mailing Address: <input style="width: 95%;" type="text"/> Phone #: <input style="width: 95%;" type="text"/> Email Address: Valid email is imperative for future email renewal reminders <input style="width: 95%;" type="text"/> Date of Birth: <input style="width: 95%;" type="text"/>
ALARM COMPANY/MONITORING COMPANY Alarm Company Name: <input style="width: 95%;" type="text"/> Alarm Company Phone #: <input style="width: 95%;" type="text"/> Alarm Monitored: <input type="radio"/> Yes <input type="radio"/> No Alarm Monitoring Company Name: <input style="width: 95%;" type="text"/>	CONTACT PERSONS (Permittee can be a contact) 1. (Primary) Name: <input style="width: 95%;" type="text"/> Phone #: <input style="width: 95%;" type="text"/> 2. (Secondary) Name: <input style="width: 95%;" type="text"/> Phone #: <input style="width: 95%;" type="text"/>
<p>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).</p> <p>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 I have provided changes, I agree to notify the Barnstable Police Department immediately.</p> <p>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.</p>	<p>Please include a check for \$25.00 and a self addressed, stamped envelope for the return of your alarm decal with all registration requests by mail. Add a \$10.00 late fee for all registrations submitted after January 31, 2021 or 30 days after installation, takeover, or activation of alarm system.</p> <p>Check or money order should be made payable to the Town of Barnstable. Completed registration forms may be dropped off or mailed to:</p> <p style="text-align: center;">Barnstable Police Department Attn: Alarm Administrator 1200 Phinney's Lane Hyannis, MA 02601.</p>
Signature: _____ Date: _____	For alarm related questions please call 508-778-3824.

Barnstable Police Department Office Use Only

Issued On: _____ Issued By: _____ Type of Remittance: _____ Remittance ID: _____ Notes: _____