



BARNSTABLE POLICE DEPARTMENT 2017/2018 ALARM REGISTRATION FORM

This registration period will expire on December 31, 2018

Barnstable Police
Department Use Only
Permit # _____
Site # _____

Please complete form by tabbing through fields. Print form, sign and mail to Town of Barnstable Alarm Registration.

ALARM SITE Name of Residence or Business: <input type="text"/> Address of Residence or Business: <input type="text"/> Alarm Site Phone #: <input 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 type="text"/>	PERMITTEE *(NOTE: Registration cannot be a business or corporation name – ALL ALARMS MUST BE REGISTERED TO AN INDIVIDUAL.) Name: <input type="text"/> Mailing Address: <input type="text"/> Phone #: <input type="text"/> Email Address: *(NOTE: It is imperative that a valid email address be provided.) <input type="text"/> Date of Birth: <input type="text"/>
ALARM COMPANY/MONITORING COMPANY Alarm Company Name: <input type="text"/> Alarm Company Phone #: <input type="text"/> Alarm Monitored: <input type="radio"/> Yes <input type="radio"/> No Alarm Monitoring Company Name: <input type="text"/>	CONTACT PERSONS 1. (Primary) Name: <input type="text"/> Phone #: <input type="text"/> 2. (Secondary) Name: <input type="text"/> Phone #: <input type="text"/>
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 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. Signature: _____ Date: _____	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 a \$10.00 late fee for all registrations submitted after January 31, 2017 or 30 days after installation, takeover, or activation of alarm system. Check or money order should be made payable to the Town of Barnstable. Completed registration forms may be mailed to Barnstable Police Department Attn: Alarm Administrator P.O. Box B Hyannis, MA 02601 or dropped off at the Barnstable Police Department 1200 Phinney's Lane Hyannis, MA 02601 . 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: