

ALARM REGISTRATION FORM

Return To:

**Southbridge Police Department
One Mechanic Street
Southbridge Ma. 01550**

Dear Alarm Owner:

In accordance with Article XXII of the Town of Southbridge By-Laws, you are hereby required to register your alarm system with the Southbridge Police Department. Please complete form, so that in the event that your alarm is activated, we will be able to contact someone. This form can also be used on a voluntary basis, to register business locations without an alarm system, in event that we need to contact someone for an emergency at that location.

Be advised that the owner of the property is responsible for all false alarms as defined by the By-Laws. Any alarm user that has three or more false alarms in a twelve month period shall be assessed a fine as follows:

3rd Alarm: \$25.00, 4th Alarm: \$50.00, 5th and subsequent :\$100.00 in a 12 month period.

Business or location Name: _____

Address: _____ Tel#: _____

Owner's name: _____ Tel#: _____

1 ST contact Name: _____ Tel#: _____

2ND contact Name: _____ Tel#: _____

Alarm Monitoring Co: _____ Tel# _____

Specify alarm type, Silent or Audible: _____

Sworn and subscribed to under pain and penalty of perjury, this _____ day of ____, 20__

Signed _____

----- DO NOT WRITE BELOW THIS LINE -----

SITE# _____ DATE: _____ NEW / UPDATE: _____ OFFICER: _____