Swampscott Police Department

Alarm System Registration

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| Alarm User Information |
| Name of Applicant (Individual, Proprietorship, Partnership, Corporation): |
| Address (Include Building Number, Suite Number, Apartment Number): |
| Phone Number at Alarm Location |
| Mailing Address (If different from above) (Include Building Number, Suite Number, Apartment Number):   |  | | --- | |  | |
| Name, address and phone number of person(s) or business responsible for any alarm activations: |

|  |  |
| --- | --- |
| Key Holders ~ list in order of calling. Must have at least one. | |
| Name | Phone Number |
| 1. |  |
| 2. |  |
| 3. |  |

|  |  |
| --- | --- |
| |  | | --- | | **Alarm Information (monitoring company)** | |
| Alarm Company, Address and Phone Number: |
| Annual Registration Fee: Residential = $10.00 Business = $25.00   |  | | --- | |  | |

Please read the “Alarm System Bylaw” located at [www.swampscottpolice.com](http://www.swampscottpolice.com) and sign below.

Signature of Registrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make check(s) payable to the Town of Swampscott and mail registration form and check to:

Swampscott Police Department

531 Humphrey St

Swampscott, MA 01907