

Easton Police Department

46 Lothrop Street N. Easton, MA 02356 (508) 230-3322

SITE # (OFFICIAL USE ONLY)

ALARM REGISTRATION

Alarm Site is used for what purpose: (Check One) Residential Commercial

Name/Business: _____
Last First MI.

Address: _____
Street Apartment/Unit Alarm Site Phone Number

Email Address: (if applicable) _____

Who is legally responsible for payment of any applicable fines?

Name _____

City State Zip () ()
Home Phone Cell Phone

Alarm Company

Is your alarm monitored by an Alarm Company? Yes No

Name: _____

Address: _____
Street City State Zip

Phone # _____ Website: _____

Monitoring Company

Name: _____

Address: _____
Street City State Zip

Phone # _____ Website: _____

Responders

Responder means an individual capable of reaching the Alarm Site within 25 minutes after notification and having access to the Alarm Site.

(1) Name: _____

Address: _____
Street City State Zip

Phone # _____ Cell # _____

Complete Information on Reverse Side

(2) Name: _____

Address: _____
Street City State Zip

Phone # _____ Cell # _____

This alarm is (Check) Burglary Hold Up/Robbery Duress Panic Alarm

This alarm is (Check) Audible Silent

1. SPECIAL INSTRUCTIONS OR NOTES (Voluntary)
(Directions if the home or business is difficult to locate; dangerous dogs; or other special hazards, etc.)

Please check the following applicable boxes:

- I have received written operating instructions from my alarm company.
- I have been trained by my alarm company on the proper use of my alarm system?
- I have received written guidelines from my alarm company on how to avoid false alarms?

I, the undersigned, acknowledge the Town of Easton bylaws in regards to the registration and use of alarm systems within the Town. I understand that by signing this form I accept responsibility for any applicable violations that may be assessed in accordance with the Town of Easton alarm bylaws. All alarm registrations will be valid until the property owner notifies the police department in writing. In the event of any changes to the above information, the property owner shall notify the police department in writing within 10 days. This registration form shall not be valid unless signed by the property owner, or his designee, who is legally responsible for the alarm site.

Print Name: _____

Address: _____

Signature: _____ Date: _____

NOTICE:

Registration forms may be mailed, faxed, emailed, or personally delivered to the Easton Police Department, Alarm Administrator, 46 Lothrop Street, N. Easton, MA 02356, Email: epdrecordsrequests@easton.ma.us
FAX: (508) 230-2251

Town of Easton Alarm Bylaws: <https://ecode360.com/32305274>