

PEABODY POLICE DEPARTMENT



BURGLAR ALARM REGISTRATION

Alarm User Information

Name of Applicant (Individual, Proprietorship, Partnership, Corporation):

Address (include Bldg. #, Suite #, Apt. #):

Phone number at alarm location:

Billing Address (if different from above) include Bldg.#, Suite#, Apt#:

Name, address & phone # of persons(s) or business responsible for any alarm activation:

Emergency Contact ~ list in order of calling. *Must have at least one.*

A. Name:	Home Phone#:	Cell #	email address:
B. Name:	Home Phone #	Cell #	email address:
C. Name:	Home Phone #	Cell #	email address:

Alarm Information (*monitoring company*)

Alarm Company, Address and Phone Number:

Type of System: *Please check appropriate box.*

Burglary Alarm Hold-up Panic Audible Silent Medical

SPECIAL INSTRUCTIONS (i.e., dangerous dogs or other special hazards)

Signature of Registrant: _____

Date: _____

Please mail registration forms to the City of Peabody Police Dept. c/o Records Dept.
6 Allens Lane ~ Peabody, MA 01960 or fax to 978-977-3261

Please note: The registrant is responsible for notification of any changes to the registration