Home Cell Any Others

ALARM SYSTEM INFORMATION

Do you Have An Alarm System? Yes ___ No___

Alarm System Type Audible Only ___ Electronic To Monitoring Co. ____

Burglar ___ Fire___ Both___

Alarm Company Info: _____ / _____
Name Phone

Do You Have any Special Needs Residents _____

If Yes, How Many and Type of Special Needs_____

What Other Information Can You Provide to Assist Emergency Responders Regarding Your Property? _____

_____

_____

Please Give Details – Chemical Types/Codes – Machinery High Voltage – Any Detail to Warn Responding Police or Fire of Potential Danger. _____

_____

_____

No Alarm User shall operate, or cause to be operated, an alarm system without first registering in accordance with the Town of Southwick By-laws. The Alarm User will not hold the Town of Southwick, the Southwick Police Department, or the Southwick Fire Department responsible for any damages if the registered premises must be forcibly entered in order to respond to an alarm. Registration shall be valid until ownership of Alarm Site changes

I have read the above regulations and I agree to abide by them and the Town of Southwick False Alarm By-Law (Chapter 102)

Submitted By – Name _____ Date Submitted _____/_____/_____

Print – Name _____ Approved: YES NO