Town of Southwick
ALARM REGISTRATION FORM

ALARM USER

Name:
Address:
Telephone Home: Work: Cell:
e-mail:

ALARM MONITORING COMPANY

Company Name:
Address:
City/Town: State:
Telephone:

EMERGENCY CONTACT (Must be able to respond within twenty (20) minutes)

Name:
Address:
City/Town: State:
Telephone Number(s):

EMERGENCY CONTACT (Must be able to respond within twenty (20) minutes)

Name:
Address:
City/Town: State:
Telephone Number(s):

No Alarm User shall operate, or cause to be operated, an alarm system without first registering in accordance with Town of Southwick by-law.

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.

The Alarm User shall inform the alarm administrator, in writing, of any change that alters any information listed on the permit application within five (5) business days of such change.

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).

Signed: Approved: YES NO

Print: Signed: