

Town of New Marlborough Alarm Registration Form

Police Dept. Use Only
Received _____

Please print clearly. All information contained herein will remain confidential and with the New Marlborough Police Department. See reverse for additional information.

Registration Information

Name: _____

Alarm Address: _____
(911 house number and street)

Have you posted your 911 number where it can be seen from the road? Y N
(3" reflective numbers, or E-911 signposted to be visible from the road)-requirement of alarm registration
Can your house be seen from the road? Y N

Alarm Information

Alarm Type (mark all that apply)

Police Security Fire Medical Other _____

Alarm Contractor: _____ Phone Number: _____

Alarm Monitoring Service: _____ Phone Number: _____

Key Holder/Caretaker Information

Name: _____

Contact Phone Numbers:

Home: _____ Cell: _____ Other: _____

Town of Residence: _____

Owner Contact Information

Primary Residence check if same as alarm

Mailing Address check if same as alarm
 check if same as primary

Street _____

Street/P.O.Box _____

City _____

City _____

State & Zip _____

State & Zip _____

Phone: Day _____ Evening _____ Other _____

(see reverse for additional information)

Properties with multiple alarmed buildings

If you have multiple buildings on your property that are alarmed, indicate how they are identified below. Also, please provide a rough sketch of the property and identify the named buildings.

Building names:

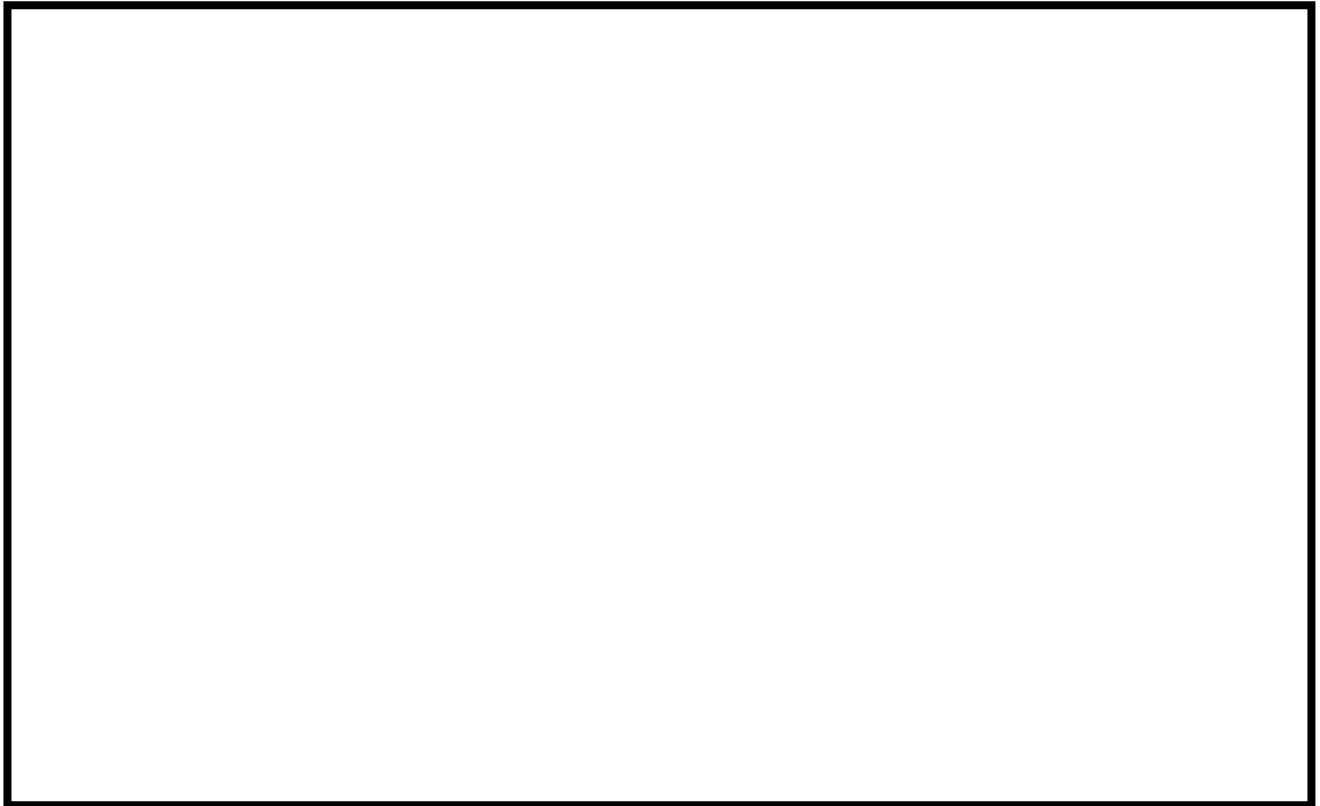
Residence _____

Building 1 _____

Building 2 _____

Other _____

Sketch:



**Mail to:
New Marlborough Police Department
Attn: Alarm Registration
P.O. Box 99
Mill River, MA 01244**

Alarm permit fee is \$25.00, due annually. Make checks payable to “Town of New Marlborough.”

If there are any questions please call the police business line **413-229-8161**.