

**TOWN OF SUNAPEE
ALARM REGISTRATION FORM**

ALARM # _____
(Police Dept use only)

This section is to be completed by the property owner or agent:

Residential Information:

NAME _____

SUNAPEE ADDRESS (HOUSE # & STREET):

LOCAL MAILING ADDRESS (if different):

OUT-OF-TOWN ADDRESS:

LOCAL PHONE #: _____
OUT-OF-TOWN PHONE #: _____

DESCRIPTION & DIRECTIONS TO RESIDENCE:

ALARM COMPANY INFORMATION:

NAME: _____
AFTER HOURS PHONE #: _____
ADDRESS: _____

**LIST TWO (2) RESPONSIBLE PARTIES WHO WILL BE GENERALLY
AVAILABLE TO ALLOW EMERGENCY SERVICES' ACCESS TO THE BUILDINGS:**

1. **NAME:** _____ **PHONE #:** _____
ADDRESS: _____

2. **NAME:** _____ **PHONE #:** _____
ADDRESS: _____

FOR LOW TEMPERATURE LIGHT: OIL COMPANY / REPAIRMAN / CARETAKER

NAME: _____ **PHONE #:** _____
ADDRESS: _____

TYPE OF ALARMS: BURGLARY / INTRUSION FIRE
Check all that FREEZE-UP / LOW TEMP MEDICAL EMERGENCY
apply ROBBERY / HOLDUP

SIGNATURE OF PERSON COMPLETING THIS FORM: _____ **DATE:** _____