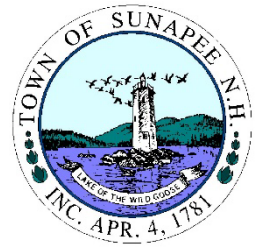




Town of Sunapee Alarm Registration Form



Alarm # (PD use only): _____

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

Residential Information:

Name: _____ Date of birth: _____

Sunapee address (house # and street): _____

Local mailing address (if different): _____

Out-of-town address: _____

Local phone: _____ Out-of-town phone: _____

Description & directions to residence: _____

Alarm Company Information:

Name: _____ Phone: _____

Address: _____ After-hours phone: _____

Type of alarms (check all that apply): _____ / _____ / _____ / _____ / _____
Burglary / Low Temp / Robbery / Fire / Medical

For low temperature light (oil company, repairman, caretaker, etc.):

Name: _____ Phone: _____

Address: _____

List two (2) responsible parties who will be generally available to allow emergency services access to the building(s):

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

***Digital Signature Acknowledgment:** By signing this document, I herewith affirm that my electronic signature was signed by myself with my full knowledge and consent, under penalty of perjury.

Signature of person completing this form: _____ Date: _____