



BURGLAR & FIRE ALARM REGISTRATION

1. Alarm User Information	
Name of Applicant (Individual, Proprietorship, Partnership, Corporation):	
Address (Include Bldg#, Suite#, Apt#):	
Phone Number at Alarm Location:	
Mailing Address (If different from above) Include Bldg#, Suite#. Apt#:	
Name, address and phone number of person(s) or business responsible for any alarm activation:	
2. Key Holders ~ list in order of calling. Must have at least one.	
A. Name:	Phone #:
B. Name:	Phone #
C. Name:	Phone #
3. Alarm Information (monitoring company)	
Alarm Company, Address and Phone Number:	
Type of System: <i>Please check appropriate box.</i>	
<input type="checkbox"/> Burglary <input type="checkbox"/> Fire <input type="checkbox"/> Holdup <input type="checkbox"/> Medical <input type="checkbox"/> Panic <input type="checkbox"/> Distress <input type="checkbox"/> Other (Explain) _____	
Annual Registration Fee: <input type="checkbox"/> RESIDENTIAL = \$ 10.00 <input type="checkbox"/> BUSINESS = \$ 25.00	

Please read the "Burglar & Fire Alarm Regulations" located at www.danverspolice.com and sign below.

Signature of Registrant: _____ Date: _____
I have read the Burglar & Fire Alarm Regulations

Please make check(s) payable to the *Town of Danvers* and mail registration form and check to:
 The Danvers Police Department • 120 Ash Street • Danvers, MA 01923 • (978) 774-1213
 Please note: The registrant is responsible for notification of any changes to the registration.