

Town of Mendon  
34 US Route 4  
Mendon, VT 05701

Alarm System Registration Form

Alarm User (s) \_\_\_\_\_  
\_\_\_\_\_

E911 Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

List the name, address and telephone number of the local service (must provide 24 hour service) that is responsible for immediately securing the premises covered by the alarm system.

\_\_\_\_\_

Account # \_\_\_\_\_

OR

List the name, address and telephone number of three other persons who can be notified to install, repair, or service the alarm system and secure the premises at all times.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Indicate the type of occurrence the system is intended to detect:

Fire \_\_\_\_\_ Low Temperature \_\_\_\_\_ Unauthorized Entrance \_\_\_\_\_ Medical Emergency \_\_\_\_\_

Other (please explain) \_\_\_\_\_

If any of the above information changes, it is the responsibility of the alarm user to immediately update the information with the Town of Mendon.

Other Information:

Please provide complete directions to the premises, as well as any other information that may be relevant to the police, fire department, or any other emergency service provider who may be expected to respond to the alarm.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration Fee:

There is a registration fee of \$15.00 payable to the Town of Mendon

I, the alarm user, have received a copy of the alarm System Ordinance.

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Signature of Alarm User(s)

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Date

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For Office Use Only

The Town of Mendon has received the completed registration form.

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Signature of Authorized Agent

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Date

Fee Received: \_\_\_\_\_