

WESTERLY POLICE ALARM REGISTRATION FORM



For Official Use Only: Site Number:		Registration Years:	
Business: <input type="checkbox"/>	_____ SITE NAME	01/01/10 TO 12/31/12	
Residence: <input type="checkbox"/>	_____ SITE ADDRESS	Type of Registration: <input type="checkbox"/> New <input type="checkbox"/> Renewal	
MAILING ADDRESS FOR BILLING: 		Alarm Type: <input type="checkbox"/> Silent <input type="checkbox"/> Audible	
		Police Alarm?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Homebound Person Info (Check applicable)	
		Visual Difficulty? <input type="checkbox"/> Orthopedic Difficulty? <input type="checkbox"/>	
		Hearing Difficulty? <input type="checkbox"/>	
		Other?	
*****PLEASE MAKE ANY ADDRESS CORRECTION IN THE SPACE BELOW*****			

Registered Alarm User : Please Provide All Information

Primary Contact † (Last, First , MI):			
Home Phone:	Business Phone:	Alarm Site Phone:	Cellular or 2 nd Phone:
Alternate Contact (Last, First , MI):			
Home Phone:	Business Phone:	Cellular or 2 nd Phone:	
Alarm Company:		24hr phone:	
Directions to Site from closest main road/highway:			
Description of Site:			

Contacts (list in order who you want notified in the event of an alarm activation or problem)			
Name	Home Phone	Business Phone	Address

Signature of Alarm User: X

*****Please enclose a photo of current premises, exterior. Use reverse side for additional comments.

† **Primary Contact - Alarm User Info:** "Alarm user means the owner, occupant, lessee or agent of any premises in which an alarm is used or provided, who expressly accepts responsibility for an alarm device by registration pursuant to Chapter 64" as defined by Westerly Ordinance Chapter 64.