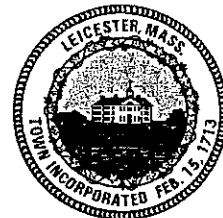




CHIEF
ROBERT F. WILSON

TOWN OF LEICESTER FIRE DEPARTMENT

3 Paxton Street
LEICESTER, MASSACHUSETTS 01524



OFFICE (508) 892-7022
FAX: (508) 892-7044

Alarm Registration Form

(Return completed form to Leicester Fire Department)

Resident or Business Name: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Alarm Owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Alternate Contact People: (Include name, address, home and work phone numbers)

1. _____

2. _____

3. _____

Alarm Information: Audible: _____ Silent: _____

Hold-up: _____ Burglary: _____ Fire: _____ Medical: _____

Alarm Server Company Name: _____

Street Address: _____ City, State, Zip: _____

Phone: _____ Emergency 24 hr. Phone: _____

Signature of Alarm Owner: _____ Date: _____