

**LEICESTER POLICE & FIRE
ALARM REGISTRATION FORM**

REGISTRATION: _____
Name (Person or Firm) Telephone No.

ALARMED PREMISES: _____
Street Address, Town, Zip

ALARM MONITORING COMPANY: _____
Company Name Telephone No.

TYPE OF PREMISES:

- Commercial
 Residential

CONDITION REPORTED BY ALARM:

- Burglary
 Hold Up
 Fire

TYPE OF ALARM SYSTEM:

- Monitored Off-Site
 Audible
 Both

SOUNDS OUTSIDE PREMISES:

- Yes
 No

CONTACT PERSON(S) IN CASE OF AN ALARM:

1. _____
Name Phone / Cell / Pager
2. _____
Name Phone / Cell / Pager
3. _____
Name Phone / Cell / Pager

MAILING / BILLING ADDRESS:

This must be completed if mailing/billing address is different from registration address.

Name: _____ Telephone: _____

Address: _____ P.O. Box: _____

Town, State, Zip: _____

PLEASE FORWARD THIS COMPLETED ALARM REGISTRATION FORM ALONG WITH YOUR \$25.00 ALARM REGISTRATION FEE (CHECK OR MONEY ORDER MADE PAYABLE TO THE 'TOWN OF LEICESTER' AND MAIL / DROP OFF TO THE LEICESTER POLICE DEPARTMENT, 90 SOUTH MAIN STREET, LEICESTER, MA 01524.