

Town of Mendon
2282 US Route 4
Mendon, Vermont 05701

Alarm System Registration Form

Alarm User:
Name(s):

E911 Address:

Mailing Address:

(if different than above)

Telephone:

Contacts:

(List three other persons who can be notified to install, repair, or service the alarm system and secure the premises, at all times. 24 hours a day, 365 days per year. OR, list the name of local service that is responsible for the 24 hours a day, 365 days per year, installation, repair, service, and the obligation to immediately secure the premises covered by the alarm system.)

Contact #1:
Name:

Address:

Service Company:
(must provide 24 hour service)

Name:

Address:

Telephone:

Telephone:

Contact #2:
Name:

Account #:

Address:

Telephone:

Contact #3:

Name: _____

Address: _____

Telephone: _____

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

_____ Fire _____ Low Temperature _____ Other: _____

_____ Unauthorized Entrance _____ Medical Emergency

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, and any other pertinent information about the premises that may be relevant to police, the 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: Town of Mendon

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

Signature of Alarm User _____ Date _____

To be completed by the Town of Mendon: _____

The town has received completed registration form.

Signature of Authorized Agent _____ Date _____

Fee Received: _____