



Wilmington Police Department

PO Box 217
Wilmington, VT 05363
802-464-8593



Alarm Registration Form

****Please be sure your property is clearly numbered****

Alarm #: _____

Alarm Location (street and lot #): _____ Telephone at location: _____

Name of Business (if applicable): _____

Name of Property Owner: _____ Date of Birth: _____

Owner's Legal Address: _____
(Street, City, State, Zip)

Owner's Mailing Address (if different): _____
(PO Box, Street, City, State, Zip)

Telephone Numbers: Home _____ Cell _____ Work _____

Email: _____

Are you (the property owner) currently on active duty in the United States Military? YES NO

Please list a minimum of 3 local caretakers/ contact persons:

1. Name: _____ Does he/she receive the alarm? YES NO
Telephone Numbers: Home _____ Cell _____
2. Name: _____ Does he/she receive the alarm? YES NO
Telephone Numbers: Home _____ Cell _____
3. Name: _____ Does he/she receive the alarm? YES NO
Telephone Numbers: Home _____ Cell _____

The alarm has: SIREN DIALER LIGHTS PANIC FEATURE OTHER

Additional Information: _____

Type of reset: AUTOMATIC KEY OTHER

Name of Alarm Company: _____ Phone: _____

If no alarm company, who else is notified of the alarm, other than the caretakers listed above?

Name: _____ Telephone: Home _____ Cell _____

Color of building: _____ Color of trim: _____ Is there a garage? YES NO

Is the garage: ATTACHED TO HOUSE BUILT INTO HOUSE SEPARATE How many cars? _____

Please include any additional information on the back of this form

There is a \$25.00 registration fee which covers the yearly registration period from June 1st to May 31st. Please enclose a check or money order made payable to the Wilmington Police Department, PO Box 217, Wilmington, VT 05363

Office Use Only: Date Processed _____ Cash _____ Check # _____ Receipt # _____