

Alarm #:_

Wilmington Police Department

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



Alarm Registration Form

Please be sure your property is clearly numbered

Alarm L	ocation (street and lot #):	Telephone at location:
Name o	f Business (if applicable):	
Name of Property Owner:		Date of Birth:
Owner's	s Legal Address:	
Owner's Mailing Address (if different):		(Street, City, State, Zip)
	, , <u></u>	(PO Box, Street, City, State, Zip)
Telepho	one Numbers: Home	CellWork
Emaile		
Lillalli		
Are you	(the property owner) currently	on active duty in the United States Military? YES NO
Please I	ist a minimum of 3 local caretak	ers/ contact persons:
1.		Does he/she receive the alarm? YES NO Cell
2		
2.		Does he/she receive the alarm? YES NO Cell
3.	Name	Does he/she receive the alarm? YES NO
э.		Does ne/she receive the alarm: TES NO
The ala	rm has: SIREN DIALER LIGHT	'S PANIC FEATURE OTHER
Addition	nai information:	
Type of	reset: AUTOMATIC KEY O	THER
Name of Alarm Company:		Phone:
If no ala	arm company, who else is notifie	ed of the alarm, other than the caretakers listed above?
		Cell
Color of	building:	Color of trim: Is there a garage? YES NO
Is the ga	arage: ATTACHED TO HOUSE E	BUILT INTO HOUSE SEPARATE How many cars?
	Please inc	lude any additional information on the back of this form
	e is a \$25.00 registration fee wh	nich covers the yearly registration period from June 1 st to May 31 st . Please enclos Trable to the Wilmington Police Department, PO Box 217, Wilmington, VT 05363
Offic	e Use Only: Date Processed	Cash Check# Receipt#