

Burglar-Intrusion Alarms

If you have or are planning to install a burglar/intrusion alarm system at your residence or business; or if you need to update information already on file; the Hopkinton Police Department requests you take a moment to complete our Burglar-Intrusion Alarm Information Sheet. By providing up to date information you are helping to ensure better service to you, our citizens and greatly enhancing the safety of our officers.

To download this or any PDF document, you must have the free Adobe Acrobat Reader software on your computer. To download the latest version of Acrobat Reader, [Click Here](#) to go to Adobe web site.

You may also obtain this form by coming to the police station during our business hours, Monday through Friday; 8:00 AM to 4:00 PM.

As always, please do not hesitate to call us if you have any questions and thank you for your assistance.

**HOPKINTON POLICE DEPARTMENT
BURGLAR/INTRUSION ALARM
INFORMATION SHEET**

PLEASE TYPE OR PRINT CLEARLY

NAME: _____ TEL NO.: _____

ADDRESS: _____

Location of alarm if other than above:

NAME OR BUSINESS: _____ TEL NO.: _____

ADDRESS: _____

PLEASE ADD ANY INFORMATION THAT MAY BE HELPFUL TO AN OFFICER RESPONDING TO YOUR ALARM:

TYPE OF ALARM: (Check all those which apply)

- AUDIBLE DIRECT DIAL SILENT
 DIRECT TO PRIVATE ALARM MONITOR COMPANY
 INTRUSION MOTION DETECTOR FIRE
 BUSINESS RESIDENTIAL BURGLAR
 OTHER

INSTALLING ALARM COMPANY: _____

ADDRESS: _____ TEL NO.: _____

MONITORING ALARM COMPANY: _____

ADDRESS: _____ TEL NO.: _____

WHOM TO NOTIFY, DAY AND NIGHT, WHEN THEN ALARM SOUNDS (PARTIES MUST HAVE ACCESS TO THE RESIDENCE & BE ABLE TO RESET THE ALARM) LIST AT LEAST TWO SEPARATE INDIVIDUALS.

| | NAME | DAY PHONE | NIGHT PHONE |
|----|-------|-----------|-------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

It is the OWNER'S responsibility to keep all information CURRENT AND CORRECT.

APPLICANT'S SIGNATURE: _____ DATE: _____

DEPARTMENT USE ONLY

Date Received _____

ID # _____