

**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 # _____