



# Charlton Police Department

85 Masonic Home Road  
Charlton, MA 01507



Graham S. Maxfield  
Chief of Police

Tel. (508) 248-2250  
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## ALARM REGISTRATION FORM (Return completed form to Charlton Police Department)

Resident or Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alarm Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Contact People: (include name, address, home and work phone numbers)

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

Alarm information: Audible  Silent   
Hold-up  Burglary  Fire  Medical

Alarm Server Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency 24Hr Phone: \_\_\_\_\_

Signature of Alarm Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**(Refer to Alarm By-Law for details)**