

Somerset Police Department

ALARM/PREMISE INFORMATION REGISTRATION

GENERAL INFORMATION: The information contained on this form will be retained by the Department and used in case of an alarm or emergency. It is your responsibility to keep the information updated and current.

Article 16 of the Town Bylaws, and adopted in 1988, requires all burglar alarm users to register their alarms with the Police Department. Filing this form, and maintaining current information, meets the requirements of Article 16.

Please complete and return to: **Somerset Police Department**
ATTN: Records
465 County St.
Somerset, Massachusetts 02726

PLEASE PRINT CLEARLY OR TYPE:

1. Residence Information:

Name of Home Owner/Tenant _____

Street Address _____

Telephone Number(s) _____

Is this property equipped with a burglar alarm system? YES ___ NO ___

Name and telephone of Alarm Company _____

2. Business Information

Name of Business _____

Street Address _____

Telephone Number _____

Owner/Manager's Name _____

Home Address _____

Home Telephone Number _____

465 County Street
Somerset, Massachusetts 02726
Telephone 508-679-2138 FAX 508-676-1893

Is this property equipped with a burglar alarm? YES ___ NO ___

Name and telephone of Alarm Company _____

CONTACT IN CASE OF EMERGENCY

List, in order, the persons whom you want contacted in case of an alarm or emergency.
We must have at least three (3) contacts for property alarm systems.

#1 Name _____
 Address _____
 Tel. No. _____

#2 Name _____
 Address _____
 Tel. No. _____

#3 Name _____
 Address _____
 Tel. No. _____

HAZARDS

Is there a dog on this property? YES NO

Are dangerous chemicals or materials stored on this property? YES NO
If yes, please explain: _____

Please indicate any condition that could injure or threaten an officer responding to this
premise: _____

FOR DEPARTMENT USE ONLY

Date Received: _____ (Initial)

Date Entered: _____ (Initial)