

A. WAYNE SAMPSON
CHIEF OF POLICE

TOWN OF SHREWSBURY
DEPARTMENT OF POLICE

TEL. 508-845-4681
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106 MAPLE AVENUE
SHREWSBURY, MASSACHUSETTS 01545-2489

ALARM REGISTRATION FORM
(Return completed form to Shrewsbury 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:** _____