Town of Uxbridge

Alarm Registration Form

Name: _____

Address _____

Telephone _____

Alarm Address:_____

☐ Residence ☐ Business _____
Business Name

Type of Alarm: ☐ Holdup ☐ Burglary ☐ Fire ☐ Other _____

Alarm Indication: ☐ Silent ☐ Audible

If your alarm is monitored by an alarm company, please provide the name and phone number.

Alarm Company: _____

Phone Number: _____

In case of an alarm activation or emergency at this location, please indicate who should be notified.
NOTE: the people listed below should have a key or alarm code for this premises.

Emergency Call List

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Please call (508) 278-7755 to update this list

I hereby agree to comply with the provisions of Uxbridge Town Bylaw section 205.

APPLICANTS SIGNATURE:_____

Office use only - below this line

Alarm Number:_____ Date Issued:_____

Authorized Signature:_____

UPD 22

MLMV6 8-23