

Return to: Worcester Police Department
Alarm Division
9-11 Lincoln Square
Worcester, MA 01608-1172

Dear Alarm Owner:

In accordance with Chapter 9 section 10 of the Ordinances of the City of Worcester, you are hereby required to register your security alarm system with the Worcester Police Department. Please complete this form fully, including the name and address of owner/manager, also two alternate contacts who can be called in the event your alarm is activated and the owner/manager cannot be contacted. Please **PRINT** or **TYPE**.

ALARM REGISTRATION AND REFERENCE RECORD

Residence or Business Name: _____ Phone: _____

Street Number: _____ Address: _____ Unit: _____

Owner/Manager: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Contact #2: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Contact #3: _____ Phone: _____

Address: _____ City: _____ Zip: _____

ALARM INFORMATION:

Audible: _____ Silent: _____ Hold-up: _____ MEDICAL: _____

Monitoring Company: _____ Phone: _____

To eliminate duplicate records, please supply the following if possible:

Previous tenant of alarm location (if known): _____

Previous address of your business/residence (Worc ONLY): _____

Signature of Alarm Owner: _____ Date: _____

