



CITY OF PITTSFIELD
POLICE DEPARTMENT

BURGLAR ALARM PERMIT/REGISTRATION

SITE #: _____

YOU MUST NOTIFY
YOUR ALARM COMPANY
OF YOUR SITE NUMBER
FOR POLICE RESPONSE

Return completed form to 39 Allen Street; Attn: Alarm Registration

SUBMIT APPLICATION W/ CHECK TO "CITY OF PITTSFIELD" FOR \$25.00

FULL NAME OF PERSON RESPONSIBLE FOR PERMIT: _____ DOB: _____

IF PERMIT IS FOR A BUSINESS
BUSINESS NAME: _____ PHONE: _____

ADDRESS OF ALARMED PREMISES: _____

ALARM TYPE: [] POLICE
[] FIRE
[] BOTH

BUILDING #: _____ APT/SUITE: _____

CITY: PITTSFIELD STATE: MA ZIP: 01201 DRIVER LICENSE (Resident)
OR EIN (Business) #: _____

E-MAIL ADDRESS: _____ SECONDARY E-MAIL ADDRESS: _____

TELEPHONE #S: HOME: _____ WORK: _____ OTHER: _____

BILLING ADDRESS (U.S. ONLY) I WOULD LIKE TO RECEIVE MY INVOICES AT THIS ADDRESS:

ADDRESS: _____ PHONE: _____
(If different than above)
CITY: _____ STATE: _____ ZIP: _____

CONTACTS/KEY HOLDERS: (LIST OF PERSONS WITH KEYS AND CODES WHO CAN RESPOND TO ADDRESS WITHIN 15 MINUTES OF NOTIFICATION. ATTACH ADDITIONAL SHEET IF NECESSARY.)

NAME: _____ PHONE: _____ PHONE: _____
DAY NIGHT
VEHICLE DESCRIPTION: _____ PLATE: _____
NAME: _____ PHONE: _____ PHONE: _____
DAY NIGHT
VEHICLE DESCRIPTION: _____ PLATE: _____

ALARM INFORMATION:

MONITORING CO. NAME: _____ STATE LICENSE #: _____ PHONE: _____
ADDRESS: _____
(NEW INSTALATIONS ONLY)
INSTALLERS NAME: _____ STATE LICENSE #: _____ PHONE: _____
ADDRESS: _____

I hereby agree to comply with all of the requirements of the City's Alarm Ordinance. I understand that I am responsible for all fines for excessive false alarms and that alarm response will be discontinued for non-payment and/or excessive false alarms.

SIGNATURE: _____ DATE: _____

"DEDICATED TO EXCELLENCE"