

Alarm Number: _____
Date: _____

Initial Permit Renewal Permit



2019

Hinesburg Police Department
10322 VT RT 116
Hinesburg, Vermont 05461

Hinesburg Fire Department
10340 VT RT 116
Hinesburg, Vermont 05461

ALARM SYSTEM REGISTRATION

Name of Business/Owner: _____ Telephone Number: _____

Physical address of **business/residence** where the alarm is/will be installed. Please include the full address and zip code of the alarmed location:

Street:		
City:	State:	Zip:

Type of Alarm: Burglary Panic Fire Medical Temperature Other _____

Individuals who have keys and/or codes _____

Please provide names and telephone numbers for individuals that are willing to respond to reset the alarm or secure your property.

Please list in order to be called

Print Name:	Telephone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

List any special hazards on the premises or procedures that Police, Fire, or Emergency medical Service agencies should be aware of, such as, chemicals, animals, weapons etc. DO NOT include alarm rest procedures.

If owner(s) primary residence is not the alarmed residence, complete the following:

Name:			
Street:			
City:	State:	Zip:	

Owner Contact Numbers

Home: () -
Cell: () -
Work: () -
Email: () -

ALARM MONITORING COMPANY (if applicable)

Phone: () -

ALARM INSTALLATION/SERVICE COMPANY TELEPHONE NUMBER (if applicable)

Phone: () -

If any of the above information changes it is the responsibility of the Alarm owner to immediately update the information with the Alarm Administrator.

ACKNOWLEDGEMENT

I acknowledge that the Hinesburg Police Department, Hinesburg Fire Department, or other emergency services bear no responsibility for the performance of the alarm equipment.

I have read and acknowledged the Town of Hinesburg alarm ordinance and I am aware this registration must be completed annually.

Signature of Property Owner	Date:
-----------------------------	-------