

Town of Belmont Alarm Registration
Belmont Police Department PO Box 130 Belmont MA 02478

Alarm Owner Information

Name or Business Name: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone: _____
Address of Alarmed Building: _____

Billing Information (If Different)

Name or Business Name: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone: _____

User Information (If Different)

Name or Business Name: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone: _____

Emergency Contacts and Keyholders

Name: _____ Telephone: _____
Name: _____ Telephone: _____
Name: _____ Telephone: _____
Name: _____ Telephone: _____

Alarm Installer/Central Station:

Name: _____ Telephone: _____
Alarm Type: Local: _____ Dialer: _____ Central: _____
Install Date: _____ New Install: Y N
Type: Industrial: _____ Commercial: _____ Residential: _____
Intrusion: _____ Fire: _____ Both: _____ Audible: Y N
Audible alarms must be limited to 20 minutes, unless otherwise required by law.

Pursuant to the provisions of the Town Alarm By-Law on file with the Town Clerk of Belmont and in consideration for the permission to use an alarm device, as defined therein, the undersigned alarm user, as defined therein, acknowledges full familiarity with the said by-law and certifies user's authorization to register the above-identified alarm device. The undersigned further accepts full responsibility for said device as the alarm user within the terms of said by-law and agrees to fulfill all the requirements stated therein

Signed: _____

Complete By-Law can be viewed on the Internet

http://www.town.belmont.ma.us/Public_Documents/BelmontMA_Documents/generalbylaws/article24