

ALARM DEVICE REGISTRATION FORM

This registration form is confidential. The information contained herein cannot be disclosed without your written permission. Attach \$25.00 check with your registration form made payable to:

**Town of Ossining
507 North State Road
Briarcliff, New York 10510
(914) 762-6007**

Name: _____

Address: _____

Home Phone # _____ **Business Phone #** _____

Residential () Commercial () Owner () Occupant ()

**Type of Alarm: Burglar () Fire () Panic () Medical () Carbon Monoxide ()
Smoke Detectors ()**

Type of Monitoring: Central () Audible ()

Company installing and/or monitoring alarm:

Name: _____

Address: _____

Phone # _____ **License #** _____

Emergency Contacts: (Persons authorized to enter the premises in emergencies)

Name: _____ **Phone#** _____

Name: _____ **Phone#** _____

Billing Contact:

Name: _____

Address: _____

Home Phone# _____ **Business Phone#** _____

FOR OFFICE USE ONLY

Date Rec'd _____ **Check Amount** _____ **Check #** _____