

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 Alarm Fees
16 Croton Avenue
Ossining, New York 10562
(914) 762-8790

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 # _____