



**EASTON POLICE DEPARTMENT
ALARM REGISTRATION**

Date: _____

ALARM USER | Property Owner ☐ Renter ☐

ADDRESS: _____ PHONE #: _____

CONTACT INFORMATION:

NAME: _____ DOB: _____

Work #: _____ Mobile: _____ Email: _____

NAME: _____ DOB: _____

Work: _____ Mobile: _____ Email: _____

EMERGENCY NUMBER: THE 1st NUMBER WE SHOULD CALL IF THE ALARM IS ACTIVATED.

POLICE DEPT. CLEAR CODE: CODE YOU GIVE TO DISPATCHER IF NO ASSISTANCE IS NEEDED
AND YOU WISH TO CANCEL A RESPONSE TO YOUR LOCATION.

KEY HOLDER(S): OTHER INDIVIDUALS WHO ARE AUTHORIZED TO ENTER PREMISES AND DEACTIVATE THE ALARM.

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

ALARM COMPANY MONITORING THE ALARM SYSTEM:

Alarm Company Name: _____ Phone: _____

Does your home have video surveillance outside? ☐ Yes ☐ No

Alarm Features:

Intrusion Detection ☐ Yes ☐ No ☐ Unsure

Medical Alert ☐ Yes ☐ No ☐ Unsure

Panic Alarm ☐ Yes ☐ No ☐ Unsure

Fire Detection ☐ Yes ☐ No ☐ Unsure

CO Detector ☐ Yes ☐ No ☐ Unsure

Low Battery ☐ Yes ☐ No ☐ Unsure

Does your alarm automatically reset? ☐ No ☐ Yes If yes, how long before reset? _____ minutes

Do you have dog(s)? ☐ No ☐ Yes If yes, how many? _____ Friendly ☐
Use Caution ☐

Different mailing address: _____

Important information First Responders should know: _____

