



**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 1<sup>st</sup> 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:**

<b>Intrusion Detection</b>	Yes	No	Unsure	<b>Fire Detection</b>	Yes	No	Unsure
<b>Medical Alert</b>	Yes	No	Unsure	<b>CO Detector</b>	Yes	No	Unsure
<b>Panic Alarm</b>	Yes	No	Unsure	<b>Low Battery</b>	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: \_\_\_\_\_

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