



# HOLYOKE POLICE DEPARTMENT ALARM REGISTRATION FORM

A ONE TIME ALARM REGISTRATION FEE IS REQUIRED UPON REGISTRATION  
THIS FORM IS TO BE PRINTED OR TYPED

DATE: \_\_\_\_\_

Property owner: \_\_\_\_\_  
FIRST LAST MIDDLE

Address: \_\_\_\_\_

Telephone Home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Office: \_\_\_\_\_

ZipCode: \_\_\_\_\_

## ALARM/SECURITY COMPANY INFORMATION

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Type of Alarm:  Police  Fire  Burglary  Both (police and fire)  Other: \_\_\_\_\_

Local audible exterior of business or home  Silent alarm, telephonically transmitted to company

## HOME AND/OR BUSINESS INFORMATION

Handicapped at location:  Visual  Orthopedic  Hearing  Other, explain: \_\_\_\_\_

Hazardous materials:  Yes  No If yes, explain: \_\_\_\_\_

## EMERGENCY CONTACTS

Primary Contact: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cellular: \_\_\_\_\_

Alternate Contact: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cellular: \_\_\_\_\_

Other Contact: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cellular: \_\_\_\_\_

I attest to the accuracy of the information hereon: \_\_\_\_\_

Signature of Owner

Date: \_\_\_\_\_

## OFFICIAL USE ONLY

Date data entered into computer: \_\_\_\_\_ Fee Paid:  Yes  No, If yes amount: \_\_\_\_\_

Data entered by: \_\_\_\_\_

Original to Holyoke Police Department - Copy to Customer

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