

# Town of Thornton, NH

## Alarm System Registration

### Owner Information

Last: \_\_\_\_\_

First: \_\_\_\_\_

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

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

### Tenant Information

Last: \_\_\_\_\_

First: \_\_\_\_\_

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

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

<b>Official Use:</b>	
FD	<input type="checkbox"/>
PD	<input type="checkbox"/>
Fee \$	_____
PD	_____
Date Rec'd	_____
INIT	_____

Address and Description of Alarmed Property: \_\_\_\_\_  
\_\_\_\_\_

◀ **Type of alarm** (Circle): Fire    Burglar    Medical    Other (explain on back)

Alarm Installer: \_\_\_\_\_

Alarm Monitoring Company & Phone No.: \_\_\_\_\_

Special Considerations (Unusual fire hazard, life safety, theft hazards, hazardous materials, etc): \_\_\_\_\_  
\_\_\_\_\_

### Caretaker Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

👤 **Other person(s) who can be contacted in case of an emergency:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

### Waiver

I have received and agree to abide by the Alarm Ordinance, XXXX, on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature /Print Name