

TOWN OF SUMMIT ALARM REGISTRATION
FEE REQUIRED

Directions:

1. Fill out form completely.
2. Bring form, with appropriate fee, to the Town of Summit Police Department during regular business hours, Monday through Friday, 8:00 am until 4:00 pm.
3. Review *Alarm Registration Information Sheet* for information on ordinances and fees pertaining to alarm systems.

OWNER'S INFORMATION

Name _____	Date of Birth _____
Address _____	

Home Phone _____	Email _____
Work Phone _____	

BUSINESS INFORMATION

Name _____
Address _____

Phone _____

ALARM INFORMATION

Check all that apply

- | | | |
|-----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Fire | <input type="checkbox"/> Holdup |
| <input type="checkbox"/> Panic | <input type="checkbox"/> Medical | <input type="checkbox"/> Other: _____ |

STYLE OF ALARM

Check all that apply

- | | | | |
|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Interior | <input type="checkbox"/> Exterior | <input type="checkbox"/> Door | <input type="checkbox"/> Window |
| <input type="checkbox"/> Motion | <input type="checkbox"/> Sound | <input type="checkbox"/> Smoke | <input type="checkbox"/> Temperature |
| <input type="checkbox"/> Infrared | <input type="checkbox"/> Other: _____ | | |

HOW IS ALARM RELAYED TO POLICE/FIRE DEPARTMENTS?

- | | |
|--|--|
| <input type="checkbox"/> Direct via panel alarm | <input type="checkbox"/> Direct via phone system |
| <input type="checkbox"/> Alarm company monitors then calls via phone | <input type="checkbox"/> No direct relay, just audible or visual at site |

KEY HOLDER INFORMATION

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Office Use Only

Fee _____ Date _____ Approved by _____