

Town of Campton, NH

Alarm System Registration

Owner Information

Last: _____

First: _____

Home Address: _____

Telephone: _____

Tenant Information

Last: _____

First: _____

Home Address: _____

Telephone: _____

Official Use:

FD

PD

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, 96-0001, on this, the _____ day of _____, 20____.

Signature /Print Name