



*Richard Bongiorno  
Chief of Police*

Town of  
**STONEHAM**

47 CENTRAL STREET  
MASSACHUSETTS  
02180

POLICE DEPARTMENT  
(781) 438-1212  
FAX (781) 279-0882

ALARM REGISTRATION FORM

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

Homeowner/Business Name: \_\_\_\_\_

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

Home Telephone:\_(\_\_\_\_\_)\_\_\_\_\_ Alternate Number:\_(\_\_\_\_\_)\_\_\_\_\_

Alarm Company Name: \_\_\_\_\_

Alarm Company Telephone:\_(\_\_\_\_\_)\_\_\_\_\_

PERSONS TO NOTIFY

Please indicate the names of persons who can access the property in case of an emergency.

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

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

Home Telephone:\_(\_\_\_\_\_)\_\_\_\_\_ Alternate Number:\_(\_\_\_\_\_)\_\_\_\_\_

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

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

Home Telephone:\_(\_\_\_\_\_)\_\_\_\_\_ Alternate Number:\_(\_\_\_\_\_)\_\_\_\_\_

Please return the completed form to the Alarm Administrator at the Stoneham Police Department, 47 Central Street, Stoneham, MA 02180.