



*James T. McIntyre
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: _____

Telephone: (____) _____ Alternate: (____) _____

Email Address: _____

Alarm Company Name: _____

Alarm Company Telephone: (____) _____

PERSONS TO NOTIFY

Please indicate the name(s) 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 Stoneham Police Department, Records Department,
47 Central Street, Stoneham, MA 02180-2044 or PDRecordsRequest@Stoneham-MA.GOV