



Town of  
**STONEHAM**

47 CENTRAL STREET  
MASSACHUSETTS  
02180

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

*James P. O'Connor*  
*Chief of Police*

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.