



Town of
STONEHAM

47 CENTRAL STREET
MASSACHUSETTS
02180

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

James T. McIntyre
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.