



**The Carlisle Police Department**  
**41 Lowell Street**  
**Carlisle, MA 01741**

Phone 978-369-1155 \* Fax 978-369-1819 \* Email cpd@carlislepolice.com

**John R. Sullivan**  
Chief of Police

**ALARM SYSTEM REGISTRATION FORM**

DATE: \_\_\_\_\_ New ( )  
Renewal ( )

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: (if different) \_\_\_\_\_

WORK TELEPHONE # (s) \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

TYPE OF ALARM (Check all that apply):

Silent	<input type="checkbox"/>	Outside Audible	<input type="checkbox"/>
Motion	<input type="checkbox"/>	Infrared	<input type="checkbox"/>
Contacts: Doors	<input type="checkbox"/>	Windows	<input type="checkbox"/>
Fire/Smoke	<input type="checkbox"/>	Panic	<input type="checkbox"/>
Carbon Monoxide	<input type="checkbox"/>	Medical	<input type="checkbox"/>

PEOPLE TO CONTACT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

CODE NUMBER: (To be determined by applicant)

I have read and understand the "Alarm Rules and Regulation" as established by the Board of Selectmen, effective 7/1/92 and as amended.

Signature: \_\_\_\_\_