



BENNINGTON POLICE DEPARTMENT

118 SOUTH STREET

BENNINGTON, VERMONT 05201

Paul J. Doucette
CHIEF OF POLICE

RESIDENTIAL ALARM REGISTRATION

ALARM USER'S NAME _____

LOCATION OF ALARM _____

ALARM USER'S TELEPHONE NUMBER(s) _____

PERTINENT INFORMATION CONCERNING THE BUILDING OR PREMISES:

Please list at least two persons who can be notified to respond to the alarm and secure the premises during any hour of the day or night.

First responder: _____

Address: _____

Telephone(s): _____

Second responder: _____

Address: _____

Telephone(s): _____

Third responder (optional): _____

Address: _____

Telephone(s) _____

SIGNED: _____ DATE: _____

PRINTED NAME: _____

IT IS YOUR RESPONSIBILITY TO NOTIFY THE CHIEF IN WRITING OF ANY CHANGES TO THE ABOVE INFORMATION.

Colchester Police Department



Alarm Registration

**Make Checks Payable to:
Town of Colchester**

Please mail this form along with a check in the amount of \$10.00 to:
Colchester Police Department
Attn: Cpl. Peter Hull
P.O. Box 37
Colchester, VT 05446

Property Owner

Name: First	Middle	Last	Date of Birth
			/ /

Alarmed Property Information

Property/Business Name: _____

Physical Address: (House # and Street Address) _____

Property Phone Number: _____

If owners primary residence is outside of Colchester, complete the following:

Legal Address: _____

Mailing Address: _____

Owner Contact Numbers: Home () - Work () - Ext
 Cell () - e-mail:

PLEASE FILL OUT INFORMATION ON REVERSE SIDE

Keyholder Information

List three individuals who have keys/access to your property who will be responsible in your absence.

Name: _____ Phone # () -

Name: _____ Phone # () -

Name: _____ Phone # () -

Alarm Monitoring Company

Name: _____ 24 Hour Number: () -

Acknowledgement

- I acknowledge that the Colchester Police Department bears no responsibility for the performance of the alarm equipment. I have read the Town of Colchester Alarm Ordinance, and understand it.
- I acknowledge that there will be a fee assessed for all false alarms and payment must be received within 10 days of the invoice date.
- I acknowledge that it is my responsibility to keep all key holder information current with my alarm company and/or monitoring company, and that they may be required to respond to the alarm location at any time.

Signature of Property Owner: _____ Date ___/___/_____

Directions to the Property: (From a major roadway)

Jeffrey P. Billings
 Chief of Police
 P.O. Box B
 Ludlow, VT 05149-0250



Municipal Offices
 Ph. 802-228-4411
 Fax 802-228-5505
 police@ludlow.vt.us

Ludlow, Vermont

A Better Place To Live, Work & Play

Alarm Registration

Please make checks payable to: Town of Ludlow There is a \$20.00 fee for any returned check	Mail this form along with a check in the amount of \$105.00 to: Ludlow Police Department PO Box B Ludlow, VT 05149
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Property Owner

Name - First	M.I.	Last	DOB

Alarmed Property Information

E 9-1-1 Address Only	Premise Phone #

Alarmed Property Description

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Owner Mailing Address

Street/PO Box	Town	Zip

Owner Contact Information

Home Phone#:	Work Phone#:
Cell Phone#:	Misc Phone#:

Key Holder Information (Must be three key holders)

Name	Phone#:
Name:	Phone#:
Name:	Phone#:

Alarm Company Information

Alarm Company Name	24 Hour Phone#	Alarm Type
Date Installed	Ludlow Police Dept Only Approved Date:	Ludlow Police Dept Only Registration Fee Paid: Yes / No

Any Season Is The Right Season to Visit Ludlow
 Proud Sponsor Of The Deer Program

I acknowledge that a key holder will not be any oil service company, gas service company, real estate/rental agency or alarm company.

I acknowledge that the Ludlow Police Department bears no responsibility for the performance of the alarm equipment. I have read the Town of Ludlow Alarm Ordinance and understand that Ludlow Police Department response will be determined based on past performance and history of my alarm and circumstances at the time of the alarm activation.

I acknowledge that it is my responsibility to keep all key holder information current with my alarm company and/or monitoring company and the Ludlow Police Department. I have advised all key holders associated with my account that it is their responsibility to respond with the Ludlow Police Department for an interior inspection, but sometimes the key holder may be the only resource for responding.

I understand that there will be a fee assessed for false alarms above the allotted amount in a six month period per the Town of Ludlow Alarm Ordinance. After four (4) false alarms during a twelve (12) month period, my alarm will be placed in non-response mode. Should I wish to have the Ludlow Police Department begin responding again, I must comply with the Ludlow Police Department Reinstatement Policy. My alarm will remain in non-response mode until compliance with the Reinstatement Policy is met.

Date:	Signature of Property Owner:
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**MANCHESTER POLICE DEPARTMENT
ALARM REGISTRATION FORM**

Alarm Registrant Information:

DATE: _____

DATE OF BIRTH: _____

NAME: _____
(Use Entire First Name, No Nicknames)

911 ADDRESS: _____

MAILING ADDRESS: _____

PHONE AT ALARM LOCATION: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

ALARM TYPE (CIRCLE ALL THAT APPLY) **BURGLARY** **FIRE** **MEDICAL**

ALARM MONITORED BY: _____ **PHONE:** _____

ALARM SERVICED BY: _____ **PHONE:** _____

NAME AND PHONE NUMBER OF KEY HOLDERS (PERSONS AUTHORIZED TO SECURE PROPERTY) MUST HAVE MORE THAN ONE, MUST HAVE KEYS, MUST LIVE IN AREA)

1. _____

2. _____

3. _____

DIRECTIONS TO PREMISES:

SPECIAL INFORMATION (ANYTHING YOU THINK WE SHOULD KNOW):

NOTE: All alarm holders must provide the premises 911 address to us and display it in a visible location. Whenever there is any change in alarm status such as a new owner, different telephone number or mailing address or any key holder changes, please provide that information to us immediately. Non-residents and business owners be sure we have sufficient information to contact you in case of an emergency.

Manchester Police Department, 6039 Main Street, Manchester Center, VT 05255
Telephone (802) 362-2121 - Fax (802) 362-0202

Town of Mendon
228 1/2 US Route 4
Mendon, Vermont 05701

Alarm System Registration Form

Alarm User:

Name(s):

E911 Address:

Mailing Address:

(if different than above)

Telephone:

Contacts:

(List three other persons who can be notified to install, repair, or service the alarm system and secure the premises, at all times. 24 hours a day, 365 days per year, **OR**, list the name of local service that is responsible for the 24 hours a day, 365 days per year, installation, repair, service, and the obligation to immediately secure the premises covered by the alarm system.)

Contact #1:

Name:

Address:

Telephone:

Contact #2:

Name:

Address:

Telephone:

Service Company:

(must provide 24 hour service)

Name:

Address:

Telephone:

Account #:

Contact #3:

Name: _____

Address: _____

Telephone: _____

Indicate the type of occurrence the System is intended to detect:

_____ Fire _____ Low Temperature Other: _____

_____ Unauthorized Entrance _____ Medical Emergency

If any of the above information changes, it is the responsibility of the alarm user to immediately update the information with the town of Mendon.

Other Information:

Please provide complete directions to the premises, and any other pertinent information about the premises that may be relevant to police, the fire department, or any other emergency service provider who may be expected to respond to the alarm.

Registration Fee:

There is a registration fee of \$15.00 payable to: town of Mendon

I, the alarm user, have received a copy of the Alarm System Ordinance.

Signature of Alarm User

Date

To be completed by the town of Mendon:

The town has received completed registration form.

Signature of Authorized Agent

Date

Fee Received: _____

**ALARM MONITORING AGREEMENT
(direct or indirect)**

Name of Property Owner: _____
 Address of Property: _____
 Mailing Address: _____
 Telephone: _____
 Alternate Telephone: _____
 Use of Alarmed Property: _____
 (Private residence, business, medical office, school, etc.)
 Occupant/Tenant: _____
 Alarm Company Installer: _____
 Installer Address: _____
 Installer Telephone: _____

ALARM TYPES (Circle those monitored):

BURGLAR	FIRE	PANIC BUTTON	GAS LEAK
WATER LEAK	MEDICAL	LOW TEMPERATURE	PRESSURE
OTHER (List): _____	_____	_____	_____

Manner of Notification to Police (Circle one) Indirect (by non-police) Direct (by Police)

If system is being monitored (indirect) by a Monitoring Station list the Station's name and Telephone number;

Name: _____ Telephone #: _____

OWNER ENDORSEMENT

Owner hereby affirms that the information submitted on this application is true and accurate. Owner further represents that (he, she, it) has read the "Shelburne Police Department Rules Regarding Security Alarm Systems" in effect on the date set forth below on this application, fully understands the terms of the "Shelburne Police Department Rules Regarding Security Alarm Systems", and has had an adequate opportunity to have said terms and conditions reviewed by appropriate agents or representatives, including legal counsel, and fully agrees to be bound by and observe said terms and conditions.

Date at _____, Vermont this _____ day of _____, 20__.

Owner

Witness

OCCUPANT/TENANT ENDORSEMENT

Occupant/tenant represents that (he, she, it) has read the Shelburne Police Department Rules Regarding Security Alarms Systems" in effect, on date set forth below on this application. Occupant/tenant agrees to be bound by and observe the terms and conditions contained in the security system monitoring conditions as if occupant/tenant were the owner of the subject property. Occupant/tenant represents that (he, she, it) fully understands the terms and conditions of the "Shelburne Police Department Rules Regarding Security Alarm Systems" and has had an adequate opportunity to have said terms and conditions reviewed by appropriate agents and representatives, including legal counsel.

Date at _____, Vermont this _____ day of _____, 20__.

Occupant/Tenant

Witness

Shelburne Police Department Alarm Sheet

ALARM # _____

↑Owner's/Business' Name ↑

↑Telephone Number↑

↑Street Number↑

↑Street Name↑

↑City↑

↑State↑

↑ Zip↑

Type of alarm: []Burglary []Panic [] Fire [] Medical [] Temperature [] Other _____

Individuals who have alarm keys and/or codes:

Please provide names and telephone numbers for individuals that are willing to respond to reset the alarm system or secure your property.

(Please list in order to be called)

Name (Please print)

Telephone #

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

If needed list additional names on back of this sheet.

List any special hazards on the premises or procedures that the Police, Fire or Emergency Medical Service agencies should be aware of, such as chemicals, animals, weapons, etc. **DO NOT Include Alarm Reset Procedures.**

If additional space is needed, use back of this sheet.

Mailing Address if different than above:

Street # Street Name
almheet.013107

City

State

Zip
01111

TOWN OF SHELBURNE SECURITY ALARM ORDINANCE

Section 1. Purpose

Recent years have witnessed increase in the use of security alarm systems within business and residences in the Town of Shelburne. When appropriate systems are properly installed and maintained, and their presence is made known to appropriate officials, they provide valuable assistance to local law enforcement and emergency service personnel in the performance of their duties and deter criminal activity in the community. The installation of such systems and their frequent activation for other than their intended purpose significantly interferes with the efficient provision of law enforcement and emergency services in the community and for this reason jeopardizes the public health, safety and welfare. It is the express purpose of this ordinance to insure that all security alarm systems installed in the Town of Shelburne are disclosed to appropriate officials and are properly maintained and used so that such systems will promote the public health, safety and welfare.

Section 2. Definitions

- (a) Security Alarm System - a device designed for the detection of an unauthorized entry on premises or for the detection of smoke or fire on premises, which, when activated, transmits an electronic signal directly to the Shelburne Police Department or transmits an electronic signal to a dispatching center which notifies the Shelburne Police Department by means of telephone transmission. Normal household smoke detectors and alarm systems contained within automobiles and other motorized vehicles shall not be considered security alarm systems for purposes of this ordinance.
- (b) False Alarm - the activation of any security alarm system for other than its intended purpose including activation when there is no unauthorized entry on premise or there is no situation involving smoke or fire on premise.

Section 3.

- (a) No person shall install a security alarm system, as defined herein, in any property in the Town of Shelburne until the property owner of such property has obtained a permit from the Shelburne Police Department.

The Board of Selectmen shall, by resolution, approve a permit application form. A permit application form, when completed and signed by an applicant, will not be a public record and will not be released by the Police Department to any third party without appropriate authority.

- (b) Permits issued pursuant to this ordinance shall be valid from date of issuance through January 31st of each year.
- (c) The Board of Selectmen shall by resolution establish reasonable fees for the issuance of said permits.

Section 4.

The Board of Selectmen may, by resolution, establish rules and regulations regarding the Town's responsibility to monitor or respond to security alarm systems and the payment of fees for the Town's response to false alarms.

Section 5.

- (a) Any decision of the Chief of Police under this ordinance shall be reviewable, upon written request, by the Town Manager who shall notify the individual requesting review of his decision within 30 days of the date of request.
- (b) Any decision of the Town Manager under this ordinance shall be reviewable by the Board of Selectmen, upon written request. The Board of Selectmen shall respond to any such request for review within 60 days of the date of its receipt of said request.

Section 6.

The Town's approval and issuance of any permit under this ordinance shall not constitute a representation or affirmative commitment by the Town that it will be better able to respond to emergency situations on the premises of any property owner. Nor does any such permit issuance constitute a representation by the Town that the security alarm systems selected and installed by the property owner are suitable or appropriate for the intended purpose.

Section 7. Penalties

- (a) Any person who violates the provisions of this ordinance may be subject to a fine of up to \$500. Each week that a violation continues shall constitute a separate offense.
- (b) In addition to recovery of fines provided for above, the Town may seek to enforce this ordinance by an appropriate action for injunctive relief.

Adopted this 14 day of February, 1989.

Barbara F. Mann
Barbara F. Mann, Chairman

Thomas T. Bessette
Tom T. Bessette

Dale W. Good
Ken P. Albert

William R. Deming

SECURITY ALARM ORDINANCE PERMIT FEE SCHEDULE

I.	Initial Connection Fee	-	\$80.00 (with no additional basic fee for 1st year)
II.	Annual Permit Fee		
	A. Commercial	-	\$60.00
	B. Residential	-	\$40.00

Approved by resolution of the Board of Selectmen of the Town of Shelburne this 27th day of September, 1994.

Kenneth P. Albert
Kenneth P. Albert

Ann B. Dutton
Ann B. Dutton

Barbara F. Mann
Barbara F. Mann

Sally C. Martel
Sally C. Martel

Alice C. Winn
Alice C. Winn, Chair
Board of Selectmen

**SHELBURNE POLICE DEPARTMENT
RULES REGARDING SECURITY ALARM SYSTEMS**

1. **Owner shall promptly notify the Shelburne Police Department of any change in the information contained in the Security Alarm System Agreement form on file with the Police Department.**
2. **Owner shall comply with all instructions provided by the manufacturer/installer for the operation and maintenance of the security alarm system equipment placed in owner's residence/business. Owner shall be responsible for maintaining said equipment in proper working order at all times.**
3. **Owner shall not activate or trigger any of the security alarm systems placed in owner's residence or place of business or allow the activation of said systems except for their intended purpose. Any activation of a security alarm system for other than its intended purpose shall constitute a "false alarm". If owner shall activate any of said systems or allow their activation for other than their intended purpose, owner shall promptly notify the Shelburne Police Department by calling 985-8051. The testing of alarm systems to insure proper operations shall not be considered a false alarm if the owner notifies the Police Department in advance of the test. Occurrences due to power shortages or interruptions or acts of God shall not be considered false alarms.**
4. **Owner shall reimburse the Town of Town's response to any false alarms in accordance with the following schedule:**
 - a) **The first four false alarms within any twelve month period – no charge.**
 - b) **Five or more false alarms within any twelve-month period - \$50.00 per false alarm.**
 - c) **Any false alarm charges not paid within thirty (30) days of billing shall provide justification for the disconnection of owner from the monitoring equipment at the town's Police Department.**
 - d) **Any false alarms, which occur within the first thirty (30) days of initial connection to the monitoring system, shall not be charged as false alarms under the terms of these rules and regulations.**
5. **Owner agrees not to install security alarm equipment that involves the use of an external audible alert or signal on premise. The Chief of Police may, in certain cases where there are no nearby residences and it is deemed to be in the best interest of the security of the property, approve external audible alerts or signals.**

6. **Owner agrees to work with the Police Department to establish a regular testing system to be done at least once every three months.**
7. **Town reserves the right to discontinue monitoring services to owner's failure to comply with or to pay any charges due to Town pursuant to these rules. Town further reserves the right to discontinue monitoring service to owner's property when in its discretion it is appropriate and necessary to discontinue said services. If monitoring services are to be discontinued, Town agrees to provide owner written notice of said discontinuation by mailing notice to the address, which appears on the most current Security Alarm System Agreement at least ten days prior to the date of discontinuation.**
8. **Once town has discontinued monitoring services to any property, it will not be required to respond to alarms issued from security alarm equipment on the property even though it may receive notification of such alarms.**
9. **Owner agrees to indemnify and hold Town harmless from any and all damage or injury resulting from Town's failure to respond to an alarm at owner's residence or place of business in a timely manner. Owner further agrees to indemnify and hold Town harmless from any and all damage or injury resulting from the Town's failure to respond to any alarm at owner's residence or place of business because Town has discontinued monitoring services to owner's property.**
10. **Town may change these rules at any time provided that Town shall, ten days prior to any such change, send owner a copy of the changed rules by First Class mail at the address appearing in the most recent Security Alarm Monitoring Agreement filed by owner with the town.**

SPRINGFIELD POLICE DEPARTMENT
201 Clinton Street
SPRINGFIELD, VT 05156
Telephone: (802) 885-2113
Fax: (802) 885-2235

Springfield Police Department Alarm Registration

Business or Home owner: _____

Alarm Location: _____

If residence, is it Full Time or Seasonal? _____

Phone number: _____

Billing Name St Address: _____

Phone _____

Directions to Protected Premise: _____

Description of Premise: _____

Alarm Company _____

Alarm Company telephone number _____

Type of Alarm _____

Are your Key Holders on file with the Alarm company? _____

Additional comments you would like us to know about the premise _____



City of Winooski Winooski Police Department Business Contact Sheet



BUSINESS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

HOURS OF OPERATION: _____

Safe on Premise? Yes No If yes, Location? _____

Weapons on premise? Yes No If yes, Location? _____

If you have an alarm, please provide the name & phone number of alarm company:

PLEASE PROVIDE BELOW A LIST OF EMERGENCY CONTACTS IN THE ORDER THAT THEY SHOULD BE CALLED:

NAME

PHONE #/PAGER #

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

If there are any special instructions or anything you think the police dept should be aware of, please list it below (i.e. hazardous materials/chemicals, dogs on the premise, safe, weapons, etc)
