



LANCASTER POLICE DEPARTMENT
25 MAIN STREET
LANCASTER, NH 03584

WILLIAM H. COLBORN
Chief of Police

Phone (603)788-4402
Fax (603)788-4659

Registration of Alarm Systems

Date: _____

Owner's Name: _____

Alarm Installer's Name: _____

Address of Alarmed Premises: _____

Alarm Company Address: _____

Phone # in Lancaster: _____

Alarm Company Phone #: _____

Home Address: _____

Make/Model of Alarm: _____

Protection in: Business Residence

Code-Condition – Check Appropriate Type of Notification

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Holdup | <input type="checkbox"/> Freeze-up |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Other: _____ |

- Auto Digital Dialer to Town System
 Digital Communicator to Other Alarm Company
 On Premises Alarm Only

Authorized individuals to be notified. Include two (2) persons with access to the premises to allow emergency access.

- | | |
|----------|--------------|
| 1. _____ | Tel. # _____ |
| 2. _____ | Tel. # _____ |
| 3. _____ | Tel. # _____ |
| 4. _____ | Tel. # _____ |

I acknowledge that registration does not constitute a representation that the Town will provide any specific type of response. Such response shall be at the discretion of the appropriate investigative agency.

Applicant's Signature: _____

**Please note any changes or corrections must be made in writing to the Lancaster Police Department.*