

Woodstock Emergency Services  
454 Woodstock Rd  
Woodstock VT 05091

Alarm Registration Form  
Expires December 31<sup>st</sup>  
Year \_\_\_\_\_

Owner Information: Name: \_\_\_\_\_

Alarm Physical Address: House # \_\_\_\_\_ Street Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Alarm Information:**

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Alarm:  Fire  Burglar  Audible  Panic  Silent

Lifeline Medical Conditions: \_\_\_\_\_

**Property Management/Caretaker/Keyholder Information:**

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

Please provide documentation that the alarm system has been inspected and serviced by a technically qualified person in the preceding 90 days in accordance with Section 5.

A "Knox" brand lock box is required for the registration of an alarm system. Applications and information to purchase one can be obtained at [www.Knoxbox.com](http://www.Knoxbox.com)

The registration fee is \$75.00 per year payable to the Town of Woodstock. Send application and check to the address at the top of this application form (on the left), note Alarm Registration on envelope.

Please prepare and submit a floor plan showing location of: (use reverse side). If there is one on file, please submit any changes only. • Oil Tank • Electrical Panel • Control Panel for Alarm • LP Gas

Location of Knox box: \_\_\_\_\_

I have received, read, understand and agree to abide by the Alarm Ordinance as set forth on May 20, 2008, by the Select Board of the Town of Woodstock, VT.

\_\_\_\_\_  
Date Signature of Property Owner or Authorized Representation