



SOUTH BURLINGTON POLICE DEPARTMENT
SECURITY ALARM MONITORING AGREEMENT

Department use only
Permit #: _____
Person receiving reg: _____

Date Being Submitted: _____

Name of Property Owner: _____

Name of Business: _____

Address of Property: _____

Mailing Address (if different): _____

Phone # of Property: _____

Alternate Phone #: _____

Email Address for future billing and other correspondence: _____

Name of Primary Key Holder: _____

Phone #: _____

Alternate Key Holders

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of Occupant/Resident (if different than property owner): _____

Name of Alarm Installer: _____

Address of Installer: _____

Phone #: _____

Name of Alarm Monitoring Service: _____

Phone#: of Monitoring Service: _____

Owner/Resident/Occupant hereby affirms that the information submitted on this application is true and accurate. Owner/Resident/Occupant further represents that (he/she) has read the City of South Burlington Security Alarm Ordinance and the South Burlington Police Department's Registration Regulations and Fees Resolution in effect on the date first appearing on this application. The signature(s) of the owners/residents/occupants below constitute an affirmative representation by the owner/resident/occupant that (he/she) fully understand the terms of the City of South Burlington Security Alarm Ordinance and the South Burlington Police Department's Registration Regulations and Fees Resolution, and has had an adequate opportunity to have said terms and conditions reviewed by appropriate agents and representatives of the owner/resident/occupant, including legal counsel, and fully agrees to be bound by and observe said terms and conditions.

Signature of Owner/Occupant/Resident/Representative

Date

Registration forms must be sent or delivered to the South Burlington Police Department, 19 Gregory Drive, Suite 1, South Burlington, VT 05403. Appropriate registration fee should accompany this form.