

Town of Woodstock  
P O Box 488  
Woodstock, VT 05091

**ALARM SYSTEM REGISTRATION**

**Expires December 31, 2009**

**1. OWNER INFORMATION**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

House Number: \_\_\_\_\_

Road Number: \_\_\_\_\_

Official Name of Town Road: \_\_\_\_\_

(If you do not know official road name, contact Town Hall [457-3456] or Communications [457-2337].)

<input type="checkbox"/> FIRE	<input type="checkbox"/> AUDIBLE
<input type="checkbox"/> BURGLAR	<input type="checkbox"/> SILENT
<input type="checkbox"/> LIFELINE: Nature of Medical Condition:	<input type="checkbox"/> PANIC ALARM

**2. ALARM MONITORING COMPANY:**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**3. FULL LOCATABLE DIRECTIONS** to the premises where the Alarm System is located, including street name and 911 address number:

4. 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.

5. A "Knox" brand lock box is required for the registration of an alarm system.

Please contact Woodstock Fire Chief L.D. Sutherland, Jr. for an application to purchase a Knox lock box. Telephone (802)457-2337.

6. **FEE: \$50.00** (include check)

**Prepare and submit a floor plan showing location of:**

<input type="checkbox"/> Oil Tank	<input type="checkbox"/> Electric Panel	<input type="checkbox"/> Control Panel for Alarm
<input type="checkbox"/> L.P. Gas	<input type="checkbox"/> Location of Knox Box	<input type="checkbox"/> Paints

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**waiver**

**I have received, read, understand and agree to abide by 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 Representative**