

**TOWN OF ESOPUS**  
CHAPTER 48  
AUTOMATIC ALARM SYSTEM REGISTRATION

*Please include a \$50  
one-time registration  
fee payable to:  
Town of Esopus*

PROPERTY OWNER \_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_

OWNER'S MAILING ADDRESS (IF DIFFERENT THAN ABOVE)

STREET \_\_\_\_\_ PO BOX \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FIRE DISTRICT \_\_\_\_\_

TYPE OF ALARM SYSTEM      FIRE: \_\_\_\_\_      SECURITY: \_\_\_\_\_

FIRE DEPARTMENT

POLICE DEPARTMENT

\_\_\_ SMOKE

\_\_\_ MOTION

\_\_\_ WET SPRINKLER

\_\_\_ OTHER

\_\_\_ DRY SPRINKLER

\_\_\_ SMOKE/HEAT

\_\_\_ OTHER (DESCRIBE)

Is the system monitored by an alarm company? \_\_\_\_\_

If yes, which company? \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

LOCATION OF ANNUNCIATOR PANEL: \_\_\_\_\_

Who may we contact in case of an emergency and/or need to gain access to the property 24 hours a day basis:

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

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

\_\_\_\_\_  
Owner of alarm system (sign)                      Owner of alarm system (print)                      Date