

TOWN OF ESOPUS
CHAPTER 48
AUTOMATIC ALARM SYSTEM REGISTRATION

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 PANAL: _____

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