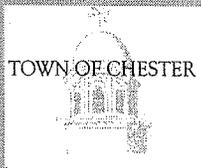


CHESTER POLICE DEPARTMENT

PO Box 370
556 Elm Street
Chester, VT 05143



(802) 875-2035 office
(802) 875-2233 emergency
(802) 875-2036 fax

ALARM CODE _____
<assigned by Police Dept. >

UPDATED _____
< by Police Dept. >

ALARM REGISTRATION

PROPERTY OWNER		
NAME		
_____ <i>First</i>	_____ <i>Middle</i>	_____ <i>Last</i>
TELEPHONE		
_____ <i>Home</i>	_____ <i>Work</i>	_____ <i>Cell</i>
DRIVER LICENSE		DATE OF BIRTH
_____ <i>Number</i>	_____ <i>State</i>	_____ <i>(mmddyyyy)</i>
IF PROPERTY OWNER'S PRIMARY RESIDENCE IS OUT OF STATE, COMPLETE THE FOLLOWING		
LEGAL ADDRESS	MAILING ADDRESS (if different)	
_____	_____	

ALARMED PROPERTY INFORMATION <i>(include a diagram of the location)</i>	
HOUSE NO. / STREET ADDRESS / TOWN	PREMISE Telephone
_____	_____
DIRECTIONS TO PREMISE <i>(include mileage, landmarks, description of residence)</i>	
residence is _____	

KEY HOLDERS <i>(must include one local resident as KEY HOLDER for entry into premise)</i>		
FIRST CONTACT		
_____ <i>Name</i>	_____ <i>HOME Telephone</i>	_____ <i>Work Telephone</i>
SECOND CONTACT		
_____ <i>Name</i>	_____ <i>HOME Telephone</i>	_____ <i>Work Telephone</i>

ALARM INFORMATION	
TYPE OF ALARM _____ (ie: fire/burglary/motion/water/heat) _____	
Alarm Company Name _____	Telephone _____

PROPERTY OWNER SIGNATURE

DATE SUBMITTED

DATE RECEIVED
by Police Dept.