



Burrillville Police Department

1477 Victory Highway PO Box 231 Burrillville, RI 02830
Tel. (401) 568-6255

Col. Bernard E. Gannon
Chief of Police

ALARM SYSTEM REGISTRATION

Owner's Name(s): _____

Business Name (if any): _____

Type of Occupancy: (If Business, type of Business) _____

Street Address: _____

Phone Numbers: (Site) _____ (Cell) _____ (Other) _____

Type of Alarm: (Police) _____ (Fire) _____ (Other) _____

Alarm Company: _____ (Phone) _____

Keyholders: _____ (Phone) _____

Keyholders: _____ (Phone) _____

Animals on Premises? _____ If yes, types: _____

Physical Impairments of Residents if any: _____

Hazards (incl. Hazardous Materials): _____

Other Pertinent Information: _____

I hereby certify: 1) That I have read and am familiar with Article IV, Chapter 16 (Alarm Systems) of the Ordinances of the Town of Burrillville and that the above system is in compliance with same. 2) That the above information is true to the best of my knowledge. 3) That I am aware of the penalties and fines that may accrue from unfounded alarms.

Signature of Responsible Party: _____ Date: _____