



Shelburne Police Department

5420 Shelburne Rd., Suite 100
Shelburne, Vermont 05482-0058
(802) 985-8051

Alarm Monitoring Agreement Form

Name of Property Owner: _____

Address of Property: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Use of Alarmed Property: _____

(Private residence, business, medical office, school, etc.)

Occupant/Tenant: _____

Alarm Company Installer: _____

Installer Address: _____

Installer Telephone: _____

ALARM TYPES:

BURGLAR FIRE PANIC BUTTON GAS LEAK WATER LEAK MEDICAL

LOW TEMPERATURE PRESSURE OTHER (List): _____

If system is being monitored (indirect) by a Monitoring Station list the Station's name and Telephone number;

Name: _____

Telephone No: _____

Email: _____

OWNER ENDORSEMENT

Owner hereby affirms that the information submitted on this application is true and accurate. Owner further represents that (he, she, it) has read the "Shelburne Police Department Rules Regarding Security Alarm Systems" in effect on the date set forth below on this application, fully understands the terms of the "Shelburne Police Department Rules Regarding Security Alarm Systems", and has had an adequate opportunity to have said terms and conditions reviewed by appropriate agents or representatives, including legal counsel, and fully agrees to be bound by and observe said terms and conditions.

Date at _____, Vermont this _____ day of _____, 20____.
Town/City Day Month

Property Owner's Signature

Witness

OCCUPANT/TENANT ENDORSEMENT

Occupant/tenant represents that (he, she, it) has read the Shelburne Police Department Rules Regarding Security Alarms Systems" in effect, on date set forth below on this application. Occupant/tenant agrees to be bound by and observe the terms and conditions contained in the security system monitoring conditions as if occupant/tenant were the owner of the subject property. Occupant/tenant represents that (he, she, it) fully understands the terms and conditions of the "Shelburne Police Department Rules Regarding Security Alarm Systems" and has had an adequate opportunity to have said terms and conditions reviewed by appropriate agents and representatives, including legal counsel.

Date at _____, Vermont this _____ day of _____, 20____.
Town/City Day Month

Occupant/Tenant's Signature

Witness