



*Town of West Stockbridge*  
*Automatic Emergency Alarm System Application*

**Applicant:** \_\_\_\_\_

**Address of Alarm:** \_\_\_\_\_

**Telephone at this residence:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Nearest cross street:** \_\_\_\_\_

**MAILING INFORMATION:** *(If different from the above address)*

**Street/PO Box:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**APPLICANT'S CONTACT NUMBERS:**

**Telephone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Work telephone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Will key(s) be available on site? If yes, where located?** \_\_\_\_\_

**KEY HOLDER:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Pager:** \_\_\_\_\_ **Work telephone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TYPE OF ALARM SYSTEM:**

**Security** ☐ **Fire** ☐ **Medical** ☐

**Alarm System Company:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Does the system have an external shut off?** ☐ **Yes** ☐ **No**

**Description:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Mail completed application with \$25 fee payable to the Town of West Stockbridge to Fire Chief,  
Town of West Stockbridge, 21 State Line Rd., West Stockbridge, MA 01266**