Town of West Stockbridge, MA

Automatic Emergency Alarm System Application

Applicant: _____

Address of Alarm: _____

Telephone at This Residence: _____ - _____ -_____

Nearest Cross Street: _____

MAILING INFORMATION: *(if different from above address)*

Street: _____

City: _____ **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: _____ - _____ -_____   **Cell Phone:** _____ - _____ -_____

Pager: _____   **Work Phone:** _____ - _____ -_____

TYPE OF SYSTEM:

[ ] Security   [ ] Fire   [ ] Medical

Alarm System Company: _____

Telephone Number: _____ - _____ - _____

Does System have an external shut off?   [ ] Yes   [ ] No

Description: _____

_____   _____
(Signature of Applicant)   (Date)

Required **application fee: $25**, payable to **Town of West Stockbridge**
P.O. Box 525, W. Stockbridge, MA 01266