



# Town of West Stockbridge, MA

## Automatic Emergency Alarm System Application

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

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

**Telephone at Residence:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Nearest Cross Street:** \_\_\_\_\_

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

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

### **CONTACT NUMBERS:**

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

**Work Telephone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

### **KEY HOLDER:**

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

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

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

**Pager:** \_\_\_\_\_

### **TYPE OF SYSTEM:**

Security       Fire       Medical

**Does System have an external shut off?**     Yes     No