



BECKET POLICE DEPARTMENT
557 Main Street
Becket, Massachusetts 01223

KRISTOPHER G. MCDONOUGH
CHIEF OF POLICE

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Commercial Alarm Registration

Name: _____

Address of Alarm: _____

Billing name and address if different: _____

Telephone number: _____ Fax: _____ Email: _____

Type of Alarm: *Burglar* _____ *Fire* _____ *Hold-up* _____ *other:* _____

Monitoring Company Name: _____ Phone: _____

Name of three (3) persons who have a key and alarm panel code:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date: _____ Signature: _____

**** This form must be updated January 1st or when a change in the above – listed information changes.**