



# 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