

Town of West Stockbridge

Automatic Emergency Alarm System

Applicant:

Address of Alarm:

Telephone @ Residence:

Nearest Cross Street

MAILING INFORMATION:

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

Fee: \$25.00 Checks made payable to the Town of West Stockbridge

Mail completed form to:
Board of Selectmen
PO Box 525
West Stockbridge, MA 01266