



90 South Orleans Road Orleans, MA. 02653  
Phone (508) 255-0117 Fax (508) 240-1374

## Alarm Subscriber/Registration Form

Name of Owner of Business \_\_\_\_\_

Location of Alarmed Property \_\_\_\_\_

Local Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Off Cape Telephone (if applies) \_\_\_\_\_

Subscriber Mailing Address:

Attention \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Caretaker Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Alarm Company:

Name \_\_\_\_\_ Phone \_\_\_\_\_

The Town of Orleans by-laws that relate to alarms and this form are available on-line at [www.orleanspd.com](http://www.orleanspd.com).

Please complete this form and return to the above address.

- Note: Alarm owners must supply the Orleans Police Department with the name and contact information of two caretakers.