



**New Boston Police Department**  
116 Old Coach Road  
New Boston, New Hampshire 03070  
603-487-2433



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**BUSINESS / RESIDENTIAL ALARM REGISTRATION**

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

Physical Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Type of Alarm:      ☐ Residential                      ☐ Business

Type of Notification   ☐ Audible Only                      ☐ Alarm Company Central Monitoring

Alarm Type              ☐ Intrusion (Burglary)      ☐ Panic      ☐ Fire      ☐ Medical

Does the Alarm Reset on its own?      ☐ Yes      ☐ No

Persons to be contacted upon activation (\*Must be a key-holder or the ability to gain access):

Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Alarm System Installed/Maintained by:

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

I, \_\_\_\_\_ the owner/operator of the above referenced business or residence, understand Officers from the Town of New Boston Police Department, or their designee(s), will respond to each alarm activation the department is notified of. I acknowledge that Officers will conduct an inspection of the perimeter and all points of access upon arrival. Should Officers locate an unsecured access point to the interior, entry will be made to determine if a crime has occurred. Notification to the above named individuals will then be made. As owner, I am responsible to update the above information annually or as changes occur. Excessive activations may result in the assessment of additional fees.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_