



Charlton Police Department

85 Masonic Home Road
Charlton, MA 01507



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Chief of Police

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ALARM REGISTRATION FORM (Return completed form to Charlton Police Department)

Resident or Business Name: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Alarm Owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Alternate Contact People (optional):

Please include name, address, home and work phone numbers

1) _____

2) _____

3) _____

Alarm information: Audible Silent
Hold-up Burglary Fire Medical

Alarm Server Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Emergency 24Hr Phone: _____

Signature of Alarm Owner: _____ Date: _____

(Refer to Alarm By-Law for details)