

**Dover Police Department**  
**Alarm Registration/Renewal Application**



**246 Route 100, P.O. Box 124**  
**West Dover, VT 05356**  
**Emergency (802)464-2020**  
**Business (802)464-8722, Fax (802)464-8915**

Name of Business (If Applicable): \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_  
(Street, PO Box, City, State, Zip)

Telephone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Alarm Location: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Are you (the property owner) currently on active duty in the United States Military?    YES      NO

**CARETAKER OF PROPERTY/KEY HOLDER:** (It is required to have at least two local caretakers/key holders or one 24-hour property management company in the event of an alarm. The Dover Police Department may need to notify a caretaker/key holder to have the alarm reset and/or gain access to the property.)

1.      Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

2.      Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**DESCRIPTION OF PROPERTY & LOCATION (Please be specific):**

911 Locatable Address (The alarm registration application will not be accepted unless the correct 911 locatable address is posted at the property and visible from the street. Condominium cross references accepted.)

Unit or Lot Number: \_\_\_\_\_ Development or Street: \_\_\_\_\_

Directions: \_\_\_\_\_  
\_\_\_\_\_

Description of Building (color, style, number of stories, etc.): \_\_\_\_\_  
\_\_\_\_\_

**ALARM INFORMATION:**

Installer/Monitoring Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**TYPE OF ALARMS (Please circle all that apply):**

Burglary      Holdup/Panic      Other: \_\_\_\_\_

**TYPE OF PROPERTY (Please circle one):**

Year-Round Residence

Seasonal Residence

Condominium

Retail

Office

Other: \_\_\_\_\_

I hereby certify that I am the property owner/business owner or authorized agent for the aforementioned property.

**I request that in the event the alarm is activated, that an officer of the Dover Police Department be dispatched to investigate the cause of the alarm.**

**I acknowledge that the Town of Dover bears no responsibility for the performance of the alarm equipment.**

**I have read the Town of Dover Emergency Alarm Ordinance and understand that I am responsible to comply with the provisions of the ordinance.**

**Signed:** \_\_\_\_\_

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

**An application fee of \$25.00 is required. Please make check payable to the Dover Police Department and mail it with the application to:**

**Dover Police Department  
P O Box 124  
West Dover, VT 05356**

If you have any questions, you can contact the Dover Police Department at (802) 464-8722.

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**FOR OFFICE USE ONLY**

Alarm # \_\_\_\_\_

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

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Address Verified By: \_\_\_\_\_