



Please type or print in
BLOCK CAPITAL LETTERS
clearly inside the box.
(Please print)

(Please print)

☐ Residential ☐ Business ☐ Govt. Entity ☐ School[illegible][illegible][illegible]

	State:		Zip:	
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[illegible]

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State:

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Zip:

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☐ (If enrolled, you opt for email notifications and you will no longer receive notifications by USPS.

[illegible]

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Cell Phone:

[illegible]

Phone #2:

[illegible]

Phone #2:

[illegible]

Alarm Installation Date: / / Phone #: / /

[illegible][illegible][illegible][illegible][illegible]

Date:

 /

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Mail this form and payment to:
Barnstable Police Department
Attn: Alarm Administrator
1200 Phinney's Lane
Hyannis, MA 02601