

TOWN OF WARREN
PO BOX 337
WARREN, VT 05674
802-496-2709

FIRE ALARM REGISTRATION FORM

OWNER NAME: _____

PHONE & CELL PHONE # _____

911 PREMISE LOCATION: _____

TYPE OF ALARM SYSTEM: _____

NAME OF ALARM COMPANY: _____

ADDRESS OF ALARM COMPANY: _____

TELEPHONE NUMBER OF ALARM COMPANY: _____

NAME AND TELEPHONE OF 3 PERSONS WHO CAN BE NOTIFIED TO SECURE THE PREMISES
DURING ANY HOUR OF THE DAY OR NIGHT.

CONTACT 1: _____

CONTACT 2: _____

CONTACT 3: _____

ANY OTHER PERTINENT INFORMATION FOR THE WARREN VOLUNTEER FIRE DEPT TO KNOW:

**The alarm system user shall notify the Town, in writing, of any changes to their alarm registration information, within five days from the date the change becomes effective.

**In the case of condominium associations, in addition to the above, each such association needs to provide the name, address and telephone number of at least one property manager employed by the association that can be reach day or night.

**The complete description of the ordinance is available on line at www.warrenvt.org or at the Town Offices.