



CITY OF MELROSE

POLICE DEPARTMENT

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Chief

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**ALARM REGISTRATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

ALTERNATE KEYHOLDER  
NAME AND NUMBER: \_\_\_\_\_

\_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_

ALARM COMPANY  
TELEPHONE NUMBER: \_\_\_\_\_

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