



**Town of Taos
400 Camino de la Placita
Taos, NM 87571**

**ALARM SYSTEM - APPLICATION/REGISTRATION FORM
ANNUAL FEE OF TEN DOLLARS (\$10.00) PER CALENDAR YEAR**

TYPE OF ALARM SITE Check only One RESIDENTIAL - BUSINESS

LOCATION: _____
Alarm Location - Physical Address (Include Apt., Suite, etc.)

APPLICANT: _____
Name of Company/Resident

Mailing Address

Day Telephone

ALARM SERVICE: _____
Alarm Company

Mailing Address

Day Telephone

TYPE OF ALARM Check All That Apply
BURGLAR FIRE MEDICAL PANIC HOLDUP

OTHER - Specify what type: _____

Are there any flammable or hazardous substances on the premises? If so, explain:

LIST INDIVIDUALS TO BE CONTACTED IN CASE OF EMERGENCY

First	_____	_____
	NAME (first & Last)	Night Phone Number
Second	_____	_____
Third	_____	_____

I hereby certify that all of the above information is true and correct and that I have received a copy of the Town of Taos Alarm System Act (Chapter 8.04) and I shall comply with all sections. I fully understand the penalties for false alarms. Further, I hereby release the Town of Taos, its officers, agents, and employees from any and all liability or damages directly or indirectly related to the installation, operation, maintenance, or response to any alarm from the above listed location.

SIGNATURE/DATE OF APPLICATION: _____