



**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 that I shall comply with all sections. I fully understand the penalties for false alarms. Further, I hereby release the Town of Taos, it's 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: _____