



Town of Lenox

Administrative Alarm Board

6 Walker Street – Lenox, MA 01240

Alarm Registration Informational Sheet

At the annual Town Meeting in May 2003, the voters of the Town of Lenox passed a by-law pertaining to alarm systems and registration of these systems. A copy of the Town By-law, fee schedule and Registration Form are available in the Town Clerks Office and on the Town of Lenox Web site at (www.TownofLenox.com).

1. All fire, security and medical alarms must be registered with the Town of Lenox on a form provided by the Administrative Alarm Board.
2. All Alarm registration information must be filled in including the names of three key holder and phone numbers.
3. All Alarms must be registered with the town prior to **September 2, 2003** and annually there after on April 1st.
4. The annual registration fee set by the Board of Selectmen shall be attached to the Alarm Registration form.
5. The registration fee has been set at **\$25** by the Board of Selectmen and may be changed by the Board of Selectmen from time to time.
6. The 911 street addresses for the alarm premises must be posted per the Town of Lenox By-Laws.
7. A fine shall be assessed to the owner of the alarm system upon the 4 false alarm activation and includes any combination of alarms.
8. Any alarm caused by an act of nature is not included as a false alarm.
9. The fine for 4 or more false alarms during the registration period is set by the Board of Selectmen and may be changed by the Board of Selectmen from time to time.
10. The fine for false alarms has been set at **\$125** for the fourth alarm and for any alarms after that.
11. The Administrative Alarm Board may waive the fine if proper documentation of the alarm systems repair has been provided to them.
12. Appeals of any Administrative Alarm Board decisions may be made to the Board of Selectmen.



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Alarm Registration Application

Name of Alarm Owner or Business _____
Address of the alarm _____
Billing Address if Different _____
Phone at alarm Location _____

Alarm Monitoring Company _____
Alarm Monitoring Company Phone _____

Alarm Installer _____ Date Installed _____
Alarm Installer Phone _____

Type of Alarm Security Fire Medical

Type Application New Renewal Modification

Knox Box Key Storage System Yes No

Location of Knox Box _____

Key Holder's Name _____

Home phone _____ Work phone _____

Cell phone _____ Pager _____

Key Holder's Name _____

Home phone _____ Work phone _____

Cell phone _____ Pager _____

Key Holder's Name _____

Home phone _____ Work phone _____

Cell phone _____ Pager _____

In accordance with the Town of Lenox By Laws I shall update the Alarm Administrative Board of any changes to the Alarm Registration Application Form, to properly post the 911 Street Address of the premises and follow the Town of Lenox Alarm By Law.

Signature

Date

Administrative Board use only

Fee Paid _____ Date Received _____ Processed By _____