

REGULATION OF PRIVATE FIRE ALARM AND SECURITY GATE SYSTEMS

**Stratton Mountain
Volunteer Fire Company Inc.**

5 Brazers Way, Stratton Mountain, VT 05155 (802) 297-2950
email strattonmtnfire@comcast.net website www.smvfco.com

Automatic Fire Alarm / Security Gate Registration Form: Date: _____

Owners' Name: _____

Local Address: Street: _____ House # _____

City: _____ State _____

Phone #: (_____) Zip: _____

Permanent Address: Street: _____ House # _____

City: _____ State _____

Phone #: (_____) Zip: _____

Local Automatic Alarm Service Provider:

Name of Company: _____

Contact Person: _____ Phone: _____

Caretaker: Name: _____ Phone: _____

Three other persons able to install, repair or service the alarm system and secure the premises, within one hour, during any hour of the day or night that the alarm might be activated. (If you have a local alarm service provider, these three names are waived).

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I have a Knox Box with a current set of keys already in place.

Please use the back of this form to provide full directions to the premises and all other pertinent information regarding the premises.

The ordinance is available at www.townofstrattonvt.com. If you have additional questions you may also wish to contact the Stratton Town Office, 9 W. Jamaica Rd., Stratton, VT 05360. Office hours are M-Th 9:00am to 3:00pm. Phone (802) 896-6184 Fax (802) 896-6630 email townclerk@townofstrattonvt.com.

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