



TOWN OF HILLSBOROUGH

1600 FLORIBUNDA AVENUE
HILLSBOROUGH
CALIFORNIA
94010-6418

ALARM SYSTEM MONITORING AGREEMENT FORM

Please complete this form and return to (via mail or fax):

Town of Hillsborough Finance Department
1600 Floribunda Avenue
Hillsborough, CA 94010
(650) 375-7402
Fax No. (650) 375-7475

I, _____, residing in Hillsborough at
Print your full name.

Print your address.

agree to/do not agree to (circle one) allow the Town of Hillsborough to provide alarm system monitoring of my home. I understand that I will pay \$24 per month for service, billed bimonthly with my water bill.

I understand that this is not a mandatory program, and I may elect to continue to have my alarm system monitored by a private alarm company (where applicable).

Signature

Date