

STONINGTON DEPARTMENT OF POLICE SERVICES

173 South Broad Street, Pawcatuck, CT 06379 Phone: (860)599-4411 Fax: (860)599-7533

ALARM REGISTRATION/BUSINESS FORM

Date: _____

Name: _____

Address: _____
Number & Street City & State Zip Code

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Bill To (If Different From Above): _____

Address: _____
Number & Street City & State Zip Code

LOCATION TYPE: Residence Business
ALARM TYPE (Check All That Apply): Burglary Fire Robbery Audible Silent
FORCED ENTRY – Police are authorized to use forced entry if a keyholder can not be reached and
circumstances dictate. YES NO

Directions, Property Description and/or Landmarks: _____

EMERGENCY NUMBERS

NOTE: A keyholder must respond to all activated alarms.

Keyholder #1: _____

Phones: Home: _____ Cell: _____ Work: _____

Keyholder #2: _____

Phones: Home: _____ Cell: _____ Work: _____

Keyholder #3: _____

Phones: Home: _____ Cell: _____ Work: _____

Alarm Company: _____ Phone: _____

Special Circumstances (Hazards on property, Dogs, Guns, Etc.): _____

FOR ALARM REGISTRATION ONLY:

Annual Fee (\$10.00) Payment: Cash Check # _____ Payable to the TOWN OF
STONINGTON. ALL ALARM USERS MUST COMPLY WITH THE TOWN OF STONINGTON
ALARMS ORDINANCE DATED JANUARY 13, 1993.

Police Official Signature

Alarm Owner Signature