



STONINGTON POLICE DEPARTMENT

173 South Broad St. Pawcatuck, CT 06379

Phone: (860) 599-4411 Fax: (860) 599-7533

ALARM REGISTRATION/BUSINESS FORM



Name: _____ Date: _____

Address: _____
Number & Street City & State Zip Code

Cell Phone: _____ Home Phone: _____ Email: _____

Bill To (If different from above): _____
Number & Street City & State Zip Code

Location Type: Residential Commercial Industrial Office Complex

Alarm Type (check all applicable): Burglary Fire Robbery Audible Silent

Property Description/Landmarks and/or special instructions or directions: _____

Special Circumstances (i.e. Dogs, Guns, Hazards on Property): _____

Police are authorized to use forced entry if keyholder cannot be reached and circumstances dictate:

YES NO

EMERGENCY CONTACTS & NUMBERS

NOTE: A keyholder must respond to all activated alarms

Keyholder #1: _____

Phones: Cell _____ Home _____ Work _____

Keyholder #2: _____

Phones: Cell _____ Home _____ Work _____

Keyholder #3: _____

Phones: Cell _____ Home _____ Work _____

Alarm Company/Installer: _____ Phone: _____

Address: _____

FOR ALARM REGISTRATION ONLY:

Annual Fee (\$10.00) Payment: Cash Check # _____ payable to TOWN OF STONINGTON. All alarm users must comply with the Town of Stonington Alarms Ordinance dated January 13th, 1993

Police Official Signature

Alarm Owner Signature