

City of Shelton
Police/Fire Alarm Registration Form

Premises Information

Name of Premises:

Address:

Floor/Apt/Suite:

Phone:

Central Monitoring Station

Name of Central Station:

Address:

Phone:

FOR THOSE ALARMS SYSTEMS NOT UTILIZING A CENTRAL MONITORING STATION, THE FOLLOWING TWENTY-FOUR (24) CONTACTS ARE REQUIRED

Contact Person #1:

Address:

Home Phone:

Unlisted:

Work Phone:

Contact Person #2:

Address:

Home Phone:

Unlisted:

Work Phone:

Alarm Information

Type of Alarm System:

Burglar

Fire

Alarm System:

New

Existing

Date System Activated:

Existing

Comments:

******ALL INFORMATION WILL BE KEPT CONFIDENTIAL******

Note: Alarm Owner/User shall be responsible for updating the information contained herein required to the Shelton Police/Fire Departments within five (5) working days of any changes.

Signed: _____

Date: _____

Police/Fire Use Only: Date Received:

Officer's Signature