



The South Windsor Police Department requests that you fill out and submit this form for new alarm systems and renewal of previously registered alarm systems.

*Areas marked with an asterisk must be completed

*Please select one of the following:

New Registration Prior registration remains the same No longer have an alarm at this location

Premise Information:

*Name: (Last Name, First Name)

*Resident or Business Address:

Mailing Address:

*Premise phone#:

Cell phone #:

Other #:

Email Address:

Alarm Information:

*This is an application to operate an alarm and/or signaling system as indicated (please select all that apply):

Burglar Hold up/Panic Fire Medical Carbon Monoxide/Water Other: _____

Alarm Installed by:

Date of Installation:

Additional Relevant Information:

Name of designated alarm service company:

Phone #:

Alarm service company address:

Alarm service company contact person:

Authorized Key Holders:

*Name:	Date of Birth:	Cell Phone #:
Address:	Home Phone #:	Business Phone #:
Name:	Date of Birth:	Cell Phone #:
Address:	Home Phone #:	Business Phone #:
Name:	Date of Birth:	Cell Phone #:
Address:	Home Phone #:	Business Phone #:

*Are there any hazardous materials on the premises?

YES NO If yes, please list: _____

* I acknowledge the above information is correct to the best of my ability, and I understand the regulations of the Town of South Windsor Alarm Ordinance.

*Applicant Signature

Date:

Mail this completed form along with the \$35.00 registration fee to:

South Windsor Police Department
151 Sand Hill Rd. South Windsor, CT 06074
ATTN: Records Unit

Account #: