

BROOKFIELD ALARM REGISTRATION FORM

Date: _____ Initial Registration** Renewal Change/Updated Info

****\$10.00 Initial Registration Fee (One-Time Only)**

SITE TYPE

Residential or

Business: Type of Business: _____ (Restaurant, Bank, Gas Station etc.)

ALARM SITE INFORMATION

Name: _____ Phone at Site: _____

Address: _____ Fax# _____ Email: _____

BILLING/MAILING INFORMATION

Name: _____ Phone Number: _____

Billing address: _____
(City) (State) (Zip)

ALARM COMPANY INFORMATION

Name of Alarm Company: _____

24-Hour Phone: _____ Business Phone: _____

Monitoring Company (if different): _____
(Phone)

OWNER/CONTACT PERSON(S) Additional contact(s) may be added on the back of this form

1. _____ Cell Phone: _____ Work Phone: _____
(Owner Name)

Address: _____
(City) (State) (Zip)

2. _____ Cell Phone: _____ Work Phone: _____
(Co-Owner Name)

Address: _____
(City) (State) (Zip)

Please mail this form and check if applicable (make check payable to the Town of Brookfield) to the Brookfield Police Department-Records Division,
For questions, call 63 Silvermine Road
(203) 740-4100 Brookfield CT 06804
Monday-Friday Fax# 203-775-4367

Office Use Only

Date: _____ Site Number: _____

Fee: \$ _____ I.D. # _____

Rev. 08/12