



FARMINGTON POLICE DEPARTMENT  
319 NEW BRITAIN AVENUE  
UNIONVILLE, CT 06085  
(860) 675-2420

For Office Use Only:  Account Number: _____
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## ALARM REGISTRATION FORM

Date: \_\_\_\_\_

Registrant Name: \_\_\_\_\_

Address where alarm is located: \_\_\_\_\_

\_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Premise Phone Number: \_\_\_\_\_

Monitoring Alarm Company: \_\_\_\_\_

Type of Premise

( ) Residential

( ) Business

Condition Reported by Alarm

( ) Burglary

( ) Fire

( ) Medical

Alarm Automatically Resets

( ) Yes

( ) No

( ) Panic/Hold-Up

### Contacts - In Case of Alarm

Name:

Phone #:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF ALARM HOLDER: \_\_\_\_\_