



Monroe Police Department ALARM REGISTRATION



Accredited Since 2002

Monroe Town Code requires 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

Renewal

No longer have an alarm at this location

Premise Information:

*Name: _____

(Last Name)

(First Name)

*Resident or Business Address: _____

Mailing Address: _____

*Premise Phone #: _____ Business Phone #: _____ Fax #: _____

*Cell Phone #: _____ Email Address: _____ Other: _____

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

Central Station Monitored

Local Alarm **ONLY**

Timed Shut-off

Alarm installed by: _____ Date of installation: _____

*Name of alarm service company: _____ *Phone #: _____

Address: _____ Contact person: _____

*Name of Central Monitoring Station (where system is monitored): _____ *Phone #: _____

Address: _____ Contact person: _____

***Authorized Key Holders (indicate N/A if no other key holder):**

Name: _____ Date of Birth: _____ Cell Phone #: _____

Address: _____ Home Phone #: _____ Business #: _____

Name: _____ Date of Birth: _____ Cell Phone #: _____

Address: _____ Home Phone #: _____ Business #: _____

Name: _____ Date of Birth: _____ Cell Phone #: _____

Address: _____ Home Phone #: _____ Business #: _____

I acknowledge the above information is correct to the best of my ability, and I understand the regulations of the **Monroe Alarm Ordinance** (available on town website www.monroect.org).

Applicant signature: _____ Date: _____

Mail this completed form to Monroe Police Department, 7 Fan Hill Road, Monroe, CT 06468