

TOWN OF PLAINVILLE, CONNECTICUT
Emergency Services & Telecommunications
19 Neal Court, Plainville, CT. 06062

Premises Type: Residence Commercial / Retail

Application Date: _____

<p><u>Alarm Location Information</u></p> <p>Business or Resident Name: _____ Phone: _____</p> <p>Address: _____ Apt / Unit #: _____</p> <hr/> <p>Type of Premises: (Example: Residence, Apartment, Condo, Restaurant, Factory, etc)</p> <p><input type="checkbox"/> Burglary <input type="checkbox"/> Hold-up <input type="checkbox"/> Fire <input type="checkbox"/> Other</p> <p>Alarm Type: (select all appropriate types) _____</p> <p>Animals on Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No Type(s): _____</p>	<p><u>Responsible Party Information</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Title: _____</p>
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<p>Complete for Premises with Burglary / Hold-up Alarm</p> <p>Alarm Company: (Repair Service) _____ Phone: _____</p> <p>Monitoring Company: _____ Phone: _____</p> <p><u>Alarm Equipment:</u></p> <p><input type="checkbox"/> Motion Detectors <input type="checkbox"/> Sound Detectors <input type="checkbox"/> Magnetic Contact <input type="checkbox"/> Glass</p> <p><input type="checkbox"/> Zoned System <input type="checkbox"/> Audible Alarm <input type="checkbox"/> Other _____</p> <p>Alarm Panel Location: _____</p> <p>Special Information: _____</p>	<p>Complete for Premises with Fire Alarm</p> <p>Alarm Company: (Repair Service) _____ Phone: _____</p> <p>Monitoring Company: _____ Phone: _____</p> <p><u>Alarm Equipment:</u></p> <p><input type="checkbox"/> Pull Box(s) <input type="checkbox"/> Smoke <input type="checkbox"/> Heat Detectors <input type="checkbox"/> Beam Detectors</p> <p><input type="checkbox"/> Zoned System <input type="checkbox"/> Audible Alarm <input type="checkbox"/> Other _____</p> <p>Alarm Panel Location: _____</p> <p>Special Information: _____</p> <p>Does Location have a Fire Department Key Safe? (Knox Box)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____</p> <p>Does Location have a Sprinkler System</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Shut-off Location: _____</p>
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Emergency Contacts: (List addition parties on additional paper if needed)

Priority	Name	Phone # 1	Phone # 2	Beeper/ Cell	Notes
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Upon receipt of completed application, a Permit Number shall be assigned to the Alarm System. Once the number has been issued, any changes to the permit information should be submitted in writing to the Alarm Administrator at the Plainville Police Department, 19 Neal Court, Plainville, Connecticut 06062 within 10 days. I hereby certify that, to the best of my knowledge, the above information is correct. I also agree to accept full responsibility for the alarm device within the terms of the Town Ordinance. I have received a copy of the alarm definitions and regulations:

Name: _____ Signature: _____

Title: _____ Date: _____