

Cromwell Police Department Alarm User Applicant Registration



Alarm renewals are issued in January. They are due upon receipt and are not prorated

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

* Please select one of the fo	* Areas marked with an	asterisk, must be complet	<u>ed</u>	
New Registration	lowing: Prior registration remain	ns the same No low	nger have an alarm at this location	
Premise Information:		is the same	iger have an alaim at this location	
* Name:				
Last Name\Business I	Name	First Name		
* Resident or Business A	ddress:			
Mailing Address:				
	Business phone #		:	
Cell phone #:	*Email Address:		Other #:	
Alarm Information:				
This is an application to	operate an alarm and/or signali	ng system as indicated:		
Burglar	Hold up/ Panic Fire	e Medical	Local Alarm ONLY	
Alarm installed by:			Date of installation:	
Name of designated alarm service company:			Phone #:	
Address:		Contact ¡	Contact person:	
Name of Central Monito	oring Station (where system is mo	onitored):		
Address:		Contactr	Contact person:	
Authorized Keyholder				
Name:				
Home Phone #:	Cell phone	± #:	Business #:	
Name:				
Home Phone #:	Cell phone	· #:	Business #:	
Name:				
Home Phone #:	Cell phone	#:	Business #:	
	ge the above information is cor of the Cromwell Alarm Ordinan	rect to the best of my abi	lity, and I understand the	
*Applicant Signature:			Date:	
Mail this completed form along with the designated fee to:			Initial Registration Fee	
	Attn: Records. 5 West Street. Cromwell	. CT 06416	0 15	

\$10.00 Renewal Fee