CROMWELL POLICE DEPARTMENT

Denise Lamontagne
Chief of Police

ALARM REGISTRATION

Please check **all** that apply: ☐ Police ☐ Fire ☐ EMS

Homeowner or Business Name: _____

Address of Alarm: _____

Phone (including area code): _____

Mailing Address (If different than above): _____

Alarm Monitoring Company: _____

Alarm Co. Phone: _____

Alarm Servicing Company (If different than above): _____

Alarm Servicing Phone: _____

Keyholders in order they are to be called: (Include yourself if you want to be called)

Name:	Phone Number(s): (Include Area Code)

Knox Box Information (Including location):_____

_____

Information Regarding Storage of Hazardous Materials: _____

_____

Alarm Panel Location:_____

Please return this form along with the required initial $25.00 registration fee to the Cromwell Police Department, 5 West Street, Cromwell, CT, 06416. Make checks payable to the Cromwell Police Department.

Please Note: Future renewals are $10.00 annually.

5 West Street, Cromwell, CT 06416 www.cromwellpd.com
Telephone: 860-635-2256 Fax: 860-613-2934