



# 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.

**NEW ALARM REGISTRATION - FILL OUT COMPLETELY! (Please print NEATLY)**

**\* Renewals ONLY: Areas marked with an asterisk, must be completed (Please print NEATLY)**

**\* Please select one of the following:**

☐ New Registration ☐ Registration remains the same ☐ CHANGES made ☐ No longer have an alarm

## Premise Information:

**\* Name:**

\_\_\_\_\_  
Last Name\Business Name

\_\_\_\_\_  
First Name

**\* Location (Address) of Alarm:** \_\_\_\_\_

**\* Mailing Address (if different):** \_\_\_\_\_

**\* Premise Phone # :** \_\_\_\_\_

Business phone #: \_\_\_\_\_

**\* Cell Phone # :** \_\_\_\_\_

**\* Email Address:** \_\_\_\_\_

## 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

Fire

Medical

Local Alarm ONLY

Name of designated alarm service company: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Central Monitoring Station (where system is monitored): \_\_\_\_\_

Phone #: \_\_\_\_\_

## Authorized Keyholders:

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

Home Phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Business #: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Business #: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Business #: \_\_\_\_\_



**\* I acknowledge the above information is correct to the best of my ability, and I understand the regulations of the Cromwell Alarm Ordinance.**

**\* Applicant Signature:** \_\_\_\_\_ **\* Date:** \_\_\_\_\_

Mail this completed form along with the designated fee to:  
Cromwell Police Department - Attn: Records  
5 West Street  
Cromwell, CT 06416

\$25.00 Initial Registration Fee  
\$10.00 Renewal Fee