

**TOWN OF SOUTHBURY
ALARM ORDINANCE REGISTRATION FORM**

REGISTRANT: _____
ALARMED PREMISES ADDRESS: _____
P.O. BOX OR MAILING ADDRESS IF DIFFERENT THAN ABOVE: _____
TELEPHONE NUMBER AT LOCATION ABOVE: _____
WORK TELEPHONE NUMBERS: _____

TYPE OF PREMISES

____ COMMERCIAL
____ INDUSTRIAL
____ RESIDENTIAL
____ SCHOOL
____ OTHER: _____

CONDITION REPORTED BY ALARM

____ BURGLARY
____ OLD-UP
____ FIRE
____ PANIC
____ OTHER: _____

TYPE OF ALARM SYSTEM

____ CENTRAL STATION
____ LOCAL ALARM ONLY
____ OTHER: _____

ALARM AUDIBLE OUTSIDE PREMISES

____ YES ____ NO

ALARM AUTOMATICALLY RESETS

____ YES ____ NO

NAME OF PERSON OR FIRM THAT INSTALLED ALARM: _____
ADDRESS: _____ TELEPHONE: _____

KEYHOLDERS: PERSONS WITH KEY TO PREMISES, KNOWLEDGE OF ALARM OR OTHER CONTACT PERSON

1.	_____	_____	_____
-	name	address	telephone
2.	_____	_____	_____
-	name	address	telephone
3.	_____	_____	_____
-	name	address	telephone

LOCATION AND TYPE OF DETECTORS USED IN ALARM SYSTEM

Place remarks on back.

THE UNDERSIGNED **ALARM USER** ACKNOWLEDGES FULL FAMILIARITY WITH THE TOWN OF SOUTHBURY **ORDINANCE REGULATING ALARM SYSTEMS AND USERS**, WHICH IS ON FILE AT THE SOUTHBURY TOWN CLERK'S OFFICE. THE UNDERSIGNED FURTHER ACCEPTS RESPONSIBILITY FOR THE ABOVE ALARM SYSTEM, AND AGREES TO FULFILL ALL THE REQUIREMENTS STATED WITHIN SAID ORDINANCE.

SIGNATURE _____ **DATE** _____

