

TOWN OF SOUTHBURY
ALARM ORDINANCE REGISTRATION FORM

REGISTRANTS NAME: _____
ALARMED PREMISES ADDRESS: _____
P.O. BOX OR MAILING ADDRESS (IF DIFFERENT): _____
TELEPHONE NUMBER AT LOCATION ABOVE: _____
WORK TELEPHONE NUMBERS: _____
CELL PHONE NUMBERS: _____

TYPE OF PREMISES

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

CONDITION REPORTED BY ALARM

_____ BURGLARY
_____ HOLD-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 COMPANY 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** _____

**IF ANY INFORMATION HAS CHANGED PLEASE UPDATE REGISTRATION FORM AND
RETURN TO: Southbury Police Department
421 Main Street South, Southbury CT 06488**