MILFORD POLICE DEPARTMENT
ALARM REGISTRATION FORM

Date_____

Residence Name or Business Name: _____

Address of Alarmed Premises: _____Unit_____
Milford, CT 0646__

Mailing Address:_____

City or Town:_____State:_____Zip:_____

Telephone (Alarmed Residence):_____(Alarmed Business):_____

Alarmed Premises is: ( ) Residential ( ) Commercial ( ) Other

Servicing Alarm Company & Address

_____
_____
_____
Telephone #: _____

Monitoring Alarm Company & Address

_____
_____
_____
24 Hour Telephone #: _____

Type of Alarm:
( ) Audible ( ) Silent ( ) Both

Do the Sirens Automatically Reset? ( ) Yes ( ) No

Alarm System Information (Check all that apply):

( ) Intrusion ( ) Fire ( ) Hold-Up
( ) Panic ( ) Gas ( ) Other

Are there any weapons kept at the alarmed premises? ( ) Yes ( ) No

Keyholders / Contacts (Persons that may be reached in an emergency):

(**call first**) Name:_____Address:_____

City/State:_____Zip:_____Phone #_____Cell #_____

(**call second**) Name:_____Address:_____

City/State:_____Zip:_____Phone #_____Cell #_____

(**call third**) Name:_____Address:_____

City/State:_____Zip:_____Phone #_____Cell #_____

PLEASE RETURN THIS FORM TO THE MILFORD POLICE CRIME PREVENTION UNIT
430 BOSTON POST ROAD MILFORD, CONNECTICUT 06460-2530

09/30/05