



EAST WINDSOR POLICE DEPARTMENT

ALARM SYSTEM REGISTRATION



BUSINESS ALARM
 RESIDENTIAL ALARM
 NEW ALARM
 RENEWAL

Name or Business Name:	Mailing Address:	Telephone Number (s):
	Physical Address:	

If owner is different than above:

Owner #1 (Name):	Owner #1 (Address):	Date of Birth:	Telephone #:
Owner #2 (Name):	Owner #1 (Address):	Date of Birth:	Telephone #:

Type of Alarm – Please check all that Apply:

Burglary
 Hold-up/Panic
 Fire
 Medical
 Other _____.

Is the Alarm audible?
 Yes
 No
If audible, when does it reset? _____.
(15 Minutes Maximum by Ordinance)

Key Holders Information – Must have a minimum of two (2):

Name:	Address:	Telephone Number (s):
1):		Home: Work: Cell:
2):		Home: Work: Cell:
3):		Home: Work: Cell:

Alarm Company Information:

Alarm Installation Company: Name: Address: Telephone Number:	Monitoring Company: Name: Address: Telephone Number:
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Hazardous Conditions:

Are there any Hazardous Materials or <u>Firearms</u> on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there situations (Ex: Dog, Medical, Etc.) that responding officers should know? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Explain Above if (Yes Checked):

Official Police Use Only – Please DO NOT write below this line

IMC Entered (√):	By:	Approved (√):	By:	Permit #:
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Mail a check payable to the East Windsor Police Dept. in the amount of \$15.00 for alarm registration.

Alarm Registration, East Windsor Police Dept., 25 School Street, East Windsor, CT 06088