TOWN OF PLAINVILLE
Alarm Registration Form

PROPERTY TYPE: ☐ **Residence** ☐ **Business**

ALARM LOCATION: _____
(Street Address) **(Apt/Unit #)**

BUSINESS/RESIDENT NAME: _____

PHONE NUMBER(S): _____

RESPONSIBLE BILLING PARTY: _____
NAME & ADDRESS
(Complete if different from above information) _____

RESPONSIBLE BILLING PARTY PHONE NUMBER: _____
(Complete if different from above information)

ANIMALS ON PREMISES: ☐ **Dog** ☐ **Cat** ☐ **Other:** _____

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ALARM COMPANY INFORMATION

ALARM COMPANY NAME: _____ **PHONE#:** _____

MONITORING COMPANY NAME: _____**PHONE#:** _____

ALARM EQUIPMENT: ☐ **Motion Detector** ☐ **Sound Detector** ☐ **Magnetic Contact**
☐ **Glass** ☐ **Zoned System** ☐ **Audible Alarm**
☐ **Other** _____

ALARM PANEL LOCATION: _____

SPECIAL NOTES/INFO. REGARDING PROPERTY (ie-fence, knox box, non-occupied, etc.):
_____

Emergency Contact/Keyholder Information

	Name	Phone Numbers	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Please provide the completed registration form to the Plainville Police Department. Owners are responsible for updating registration forms should any information change. Mail, Email, Fax or Drop off completed forms to:

Plainville Police Department - 19 Neal Court - Plainville, CT 06062 - ATTN: Records Department
EMAIL: Records@plainville-ct.gov **FAX: 860 747-8151**

I hereby certify that, to the best of my knowledge, the above information is correct. I also agree to accept full responsibility for the alarm device within the terms of Plainville Town Ordinance 150.

NAME: _____ **DATE:** _____
(Signature) **(Printed)**