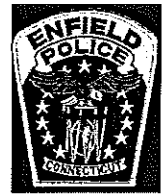




ENFIELD POLICE DEPARTMENT

Alarm User Applicant Registration



Covering Present through June 30, 2010

The Enfield Police Department requests that you fill out and submit this form for new alarm systems and renewal of previously registered alarm systems.

* Areas marked with an asterisk must be completed

Please select one of the following:

New Registration Prior registration remains the same No longer have an alarm at this location

Premise Information:

*Name: _____
Last Name First Name

*Resident or Business Address: _____

Mailing Address: _____

*Premise phone #: _____ Business phone #: _____ Fax #: _____

Cell phone #: _____ Email Address: _____ Other #: _____

Alarm Information:

This is an application to operate an alarm and/or signaling system as indicated: *Please select ALL that apply:*

Burglar Hold up/Panic Fire Central Station Monitored Local Alarm ONLY Timed Shut-off

Alarm installed by: _____ Date of installation: _____

Name of designated alarm service company: _____ Phone #: _____

Address: _____ Contact person: _____

Name of Central Monitoring Station (where system is monitored): _____

Phone #: _____ Address: _____ Contact: _____

Authorized Keyholders:

Name: _____ Date of Birth: _____ Cell Phone #: _____

Address: _____ Home Phone #: _____ Business #: _____

Name: _____ Date of Birth: _____ Cell Phone #: _____

Address: _____ Home Phone #: _____ Business #: _____

Name: _____ Date of Birth: _____ Cell Phone #: _____

Address: _____ Home Phone #: _____ Business #: _____

I acknowledge the above information is correct to the best of my ability, and I understand the regulations of the Town of Enfield Alarm Ordinance.

Applicant Signature: _____ Date: ____/____/____

Mail this completed form to: Enfield Police Department, 293 Elm Street, Enfield, CT 06082
ATTN: Steve Hall