

**TOWN OF RIDGEFIELD POLICE DEPARTMENT  
ALARM REGISTRATION FORM**

*Complete this form in its entirety as the alarm permittee.*

BUSINESS

RESIDENTIAL

RENTAL PROPERTY

Today's Date: \_\_\_\_\_

**ALARM ADDRESS:**

*Home and business owners are responsible for ensuring their street number is visibly marked.*

Address # \_\_\_\_\_ Street: \_\_\_\_\_

Business Name: \_\_\_\_\_

Apt. / Suite / Floor: \_\_\_\_\_

City: Ridgefield

State: CT

Zip: 06877

**HOME/BUSINESS OWNER FOR THIS ADDRESS:**

First & Last Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

**KEYHOLDERS:** List persons to call if homeowner cannot be reached.

First & Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**MONITORING SERVICE / ALARM COMPANY:**

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mail, Drop-off or Email Completed Form to:  
Ridgefield Police Department - Records Division  
76 East Ridge Rd., Ridgefield, CT 06877  
rpdrecords@ridgefieldct.gov