



Town of Ridgefield

FIRE DEPARTMENT

FIRE ALARM REGISTRATION FORM FOR HOME AND BUSINESS

To serve you better, complete and return this form to the Ridgefield Fire Department if your home or business has a monitored fire alarm system. Submission of this form complies with the Code of the Town of Ridgefield, Chapter 112, Article II – Fire Alarms.

Today's Date: ____/____/____

Address of Home or Business protected by Fire Alarm:

Number Street Name (_____) Property Phone Number

Name of Home or Business Resident:

Name (_____) Alternative Phone Number

Email Address (for renewal purposes): _____

Name and Address of Owner if Different than above:

Name Address City, State, Zip Code Phone Number

Key holders in order they are to be called:

Name: _____ Phone Number: (_____) _____

Name: _____ Phone Number: (_____) _____

Name: _____ Phone Number: (_____) _____

Alarm System:

Monitored by: _____ Phone Number: (_____) _____

Location of Fire Alarm Panel: _____

Knox Box Location (if applicable): _____

Specific Information about Property Location: _____

*This form may be mailed, faxed, or emailed to: Ridgefield Fire Department, 6 Catoonah Street, Ridgefield, CT 06877,
Fax (203) 431-2562, fire@ridgefieldct.org. Forms also available at www.ridgefieldct.org.
Thanks for helping us keep you safe.*