

ALARM REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE #: _____ - _____

Work #: _____ - _____ Cell #: _____ - _____ (_____ 's numbers)

Work #: _____ - _____ Cell #: _____ - _____ (_____ 's numbers)

KEYHOLDERS: (person to call if homeowner cannot be reached)

Name: _____

Phone #: _____ - _____ Work #: _____ - _____ Cell #: _____ - _____

Name: _____

Phone #: _____ - _____ Work #: _____ - _____ Cell #: _____ - _____

ALARM COMPANY:

Name: _____ Phone #: _____ - _____

PLEASE LIST LOCATION OF HOUSE ON STREET, COLOR OF HOUSE, OR ANY OTHER PERTINENT DATA.

***THE HOMEOWNER/BUSINESS SHALL BE RESPONSIBLE TO ENSURE THE ALARMED PREMISES IS VISIBLY MARKED WITH THE STREET NUMBER ASSIGNED TO SUCH PREMISES.**

RETURN THIS COMPLETED FORM TO THE **RECORDS DEPARTMENT** OF THE
RIDGEFIELD POLICE DEPARTMENT BY MAIL, FAX OR IN PERSON. THANK YOU.