

EAST HARTFORD POLICE DEPARTMENT ALARM REGISTRATION

(Pursuant to Article 6, Sec. 13-50, East Hartford Code of Ordinances, March 6, 1987)

ADDRESS OF ALARMED PREMISES:

NAME OF BUSINESS OR RESIDENT:

PHONE # OF ALARMED PREMISES:

NAME OF REGISTRANT: _____

ADDRESS OF REGISTRANT: _____

HOME PHONE: _____ WORK PHONE: _____

TYPE OF ALARM: (Burglar, Fire, Hold Up, Etc.) _____

TYPE OF SENSORS: (Magnetic, Infra-Red, Sound, Motion, Etc,) _____

NAME OF AGENCY THAT RECEIVES ALARM SIGNAL: _____

PHONE# OF AGENCY THAT RECEIVES ALARM SIGNAL: _____

NAME OF COMPANY THAT SERVICES YOUR ALARM SYSTEM: _____

PHONE# OF COMPANY THAT SERVICES YOUR ALARM SYSTEM: _____

NAME OF ANY OTHER PERSONS THAT CAN OPEN THE ALARMED PREMISES:

1. _____ PHONE# _____

2. _____ PHONE# _____

3. _____ PHONE# _____

ARE THERE PETS ON THE PREMISES? IF SO WHAT TYPE? _____

ADDITIONAL INFORMATION WE MAY FIND HELPFUL: _____

REGISTRANT SIGNATURE: _____ DATE: _____

A FIVE DOLLAR (\$5.00) PERMIT FEE IS PAYABLE TO THE EAST HARTFORD POLICE DEPARTMENT UPON SUBMITTING THIS FORM AND ANNUALLY THEREAFTER DUE ON MAY 1ST.

EHPD USE ONLY: DATE PAYMENT RECEIVED: _____ BY: _____

CHECK#: _____ RECEIPT#: _____