

Milford Police Department Alarm Registration Form

Date _____

Residence Name or Business Name: _____

Address of Alarmed Premises: _____ Unit _____

Milford, CT 0646__

Own: _____ Rent: _____ Lease: _____

Email Address: _____ Fax #: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip: _____

Main Telephone of premises: _____

Alarmed Premises is: () Residential () Commercial () Other

Servicing Alarm Company & Address Monitoring Alarm Company & Address

Telephone #: _____ 24 Hour Telephone #: _____

Type of Alarm:

() Outside audible alarm only () Inside audible alarm only – () Intrusion () Fire () Robbery

Alarm system monitored by an alarm company: () Yes () No

Video surveillance: () Yes () No If yes, system type _____

Is video retrieval on site () or off site ()

Name & contact info of person who has access to video surveillance system

Name _____

Telephone _____

Are there any weapons kept at the alarmed premises? () Yes () No

Keyholders / Contacts (Persons that may be reached in an emergency):

(call first) Name: _____ Address: _____

City/State: _____ Zip: _____ Phone # _____ Cell # _____

(call second) Name: _____ Address: _____

City/State: _____ Zip: _____ Phone # _____ Cell # _____

(call third) Name: _____ Address: _____

City/State: _____ Zip: _____ Phone # _____ Cell # _____

Please mail or fax this form to the MILFORD POLICE CRIME PREVENTION UNIT
430 BOSTON POST ROAD, MILFORD, CONNECTICUT 06460-2530
Telephone: 203-874-2366 Fax: 203-876-7943
E-mail: crime1@ci.milford.ct.us Internet: www.milfordpd.org