

Milford Police Department Alarm Registration Form

Resident's/Business Name: _____		Date: _____
Address of Alarmed Premise: _____ Unit: _____ Milford, CT 0646____		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease		
Email: _____		
Mailing Address: _____ _____ _____		
Main telephone of premise: _____		
Alarmed premise is: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other		
Servicing Alarm Company Name: _____ Address: _____ _____ Telephone: _____ 24 Hour Phone: _____	Monitoring Alarm Company Name: _____ Address: _____ _____ Telephone: _____ 24 Hour Phone: _____	
Type of alarm: <input type="checkbox"/> Intrusion <input type="checkbox"/> Fire <input type="checkbox"/> Robbery <input type="checkbox"/> Outside Audible <input type="checkbox"/> Inside Audible		
Is the alarm system monitored by the alarm company? <input type="checkbox"/> yes <input type="checkbox"/> no		
Is there video surveillance on the premise? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what type of system? _____		
Contact information of person that has access to surveillance system: Name: _____ Telephone: _____		
Are there any weapons at the alarmed premise? <input type="checkbox"/> yes <input type="checkbox"/> no		
Key Holders/Contacts (To be contacted in case of an emergency) Primary: Name: _____ Address: _____ _____ Phone: _____ Cell: _____ Secondary: Name: _____ Address: _____ _____ Phone: _____ Cell: _____ Other: Name: _____ Address: _____ _____ Phone: _____ Cell: _____		
Please mail, email, or fax this form to: MILFORD POLICE DEPARTMENT Attn: Crime Prevention 430 Boston Post Road Milford, CT 06460 Telephone: 203-874-2366 Fax: 203-876-7943 Email: crimeprevention@milfordct.gov		