



TOWN OF NEW CANAAN

Alarm Ordinance Registration Form

Alarm Owner/User

Name _____

Street Address _____

Mailing Address if different _____

Phone: Home ___ - ___ - ___ Work ___ - ___ - ___

Name of Occupant or User, if different _____

Alarm Installation

Installer Name / Address _____

Phone _____

Monitor Service Name / Address _____

Phone _____

System Type

Fire Burglar Medical Other _____

Residence Commercial Public Building

If an exterior audible device is used in the system, is this device automatically restricted to 15 min of operation Yes No

Certification

I hereby certify that I have read the provisions of the Town of New Canaan Alarm Ordinance and that to the best of my knowledge, the information I have provided in this registration is correct. I also agree to accept full responsibility for the alarm device within the terms of the Ordinance and agree to fulfill all requirements.

Signature _____ Date _____

Please return form to: New Canaan Police Department
174 South Avenue
New Canaan, CT 06840
or fax to 203 594 3551