



## CITY OF STAMFORD

888 Washington Blvd.  
Stamford, CT 06901

### ALARM REGISTRATION FORM

\* Denotes a required field

PART I: ALARM USER INFORMATION	
*TYPE OF ALARM SYSTEM (Check one): <input type="checkbox"/> BURGLARY <input type="checkbox"/> HOLD-UP / PANIC <input type="checkbox"/> FIRE <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER (Please Specify):	
*ALARM ADDRESS ( <b>EXACT STREET ADDRESS OF THE ALARM LOCATION</b> ):	
*THIS ADDRESS IS <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL	
*PHONE AT ALARM LOCATION:	DAYTIME PHONE OF ALARM USER ( <i>If Different</i> ):
*LAST NAME OR BUSINESS NAME:	FIRST NAME (for Residential alarms only):
PERSON RESPONSIBLE FOR SECURITY (First and Last Name – Business Alarms Only):	
MAILING ADDRESS (if different from alarm address):	
PART II: MONITORING AND INSTALLATION INFORMATION	
NAME OF ALARM INSTALLER:	PHONE (INCLUDING AREA CODE):
ADDRESS OF ALARM INSTALLER:	
IS ALARM MONITORED? (Choose Yes or No): <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU ANSWERED "YES" TO THE ABOVE QUESTION (IS ALARM MONITORED?):	
NAME OF MONITORING COMPANY:	
ADDRESS OF MONITORING COMPANY:	
PHONE (INCLUDING AREA CODE):	24 HOUR PHONE (If Different):
IF YOU ANSWERED "NO" TO THE ABOVE QUESTION (IS ALARM MONITORED?):	
KEYHOLDER:	PHONE (INCLUDING AREA CODE):
KEYHOLDER ADDRESS:	

\*I verify that the above information is true and correct to the best of my knowledge. (Print and sign name above).

\*Your phone: \_\_\_\_\_ Your email: \_\_\_\_\_

Please fill out the above information and send this form to:

**City of Stamford Alarm Administrator**  
**888 Washington Blvd., Stamford, CT 06901**

Questions? Please call 203-977-4460 between 9am and 4pm Monday through Friday.