

C O N F I D E N T I A L

ALARM SYSTEM REGISTRATION

Town of Plymouth

Per Section 5.8-12 (D) of the Plymouth Alarm Ordinance: "All users shall register their alarm system with the Dispatch Center of the Town of Plymouth immediately upon installation....."

Registration Date: _____ Date of Alarm Installation: _____

Alarm Registrant: _____ Phone: _____
(Business, Resident, or Occupant's Name)

Alarmed Premises: _____
(Address)

Alarm Company: _____ Phone: _____
(if monitored by an alarm company)

Property Owner: _____ Phone: _____
(if different than Registrant Name shown above)

TYPE OF PREMISES:

- Commercial/Industrial
- Residential - Single Family
- Residential - Multi-Family
- Municipal Building
- Other _____

TYPE OF ALARM SYSTEM:

[CHECK ALL APPLICABLE TYPES]

- Monitored by Alarm Company
- Local Alarm (Neighbors Monitor)
- Audible _____
- Silent
- Motion Detector
- Other: _____

CONDITION REPORTED BY ALARM:

- Burglary
- Hold-Up
- Fire
- Panic
- Medical Problem
- Sprinkler System
- Other: _____

ALARM SOUNDS OUTSIDE PREMISES:

- Yes
- No

ALARM AUTOMATICALLY RESETS:

- Yes
- No

Description of building or special instructions _____

Keyholder Information: (Note - It is the responsibility of the alarm company to notify the property owner or keyholders whenever the alarm is activated.)

Keyholder #1: _____ Phone: _____
Keyholder #2: _____ Phone: _____
Keyholder #3: _____ Phone: _____

Submit this form to: Plymouth Police Dept., Attn: Dispatch Center
80 Main St., P.O. Box 34, Terryville, Ct. 06786-0034