

BEACON FALL RESIDENT TROOPER'S OFFICE  
119 North Main Street  
P O Box 155  
Beacon Falls, CT 06403

ALARM SYSTEM REGISTRATION

Date \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarmed Premises: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Type of Premises:

- Full time residence
- Part time residence
- Commercial/Industrial
- Municipal building
- Other \_\_\_\_\_

Type of Alarm

- Telephone dialer
- Central Station
- Local only
- Audio
- Other

Condition Reported by Alarm

- Burglary
- Fire
- Holdup
- Panic (Key holder required)
- Other

Alarm sounds outside premises:

- Yes       No

Alarm Automatically Resets

- Yes       No

Contact Person in Case of Alarm

1. \_\_\_\_\_  
Name                      Address                      Phone #

2. \_\_\_\_\_

Mailing Address of Owner or Manager if Different:

\_\_\_\_\_  
Name                      Address                      Phone#

**Once submitted, the form should be updated if any of the relevant information has changed.**