

BROOKFIELD ALARM REGISTRATION FORM

Date: _____ Initial Registration Renewal Change/Updated Info

SITE TYPE

Residential or
 Business: Type of Business: _____ (Restaurant, Bank, Gas Station etc.)

ALARM SITE INFORMATION

Name: _____ Phone at Site: _____
Address: _____ Fax# _____ Email: _____

BILLING/MAILING INFORMATION

Name: _____ Phone Number: _____
Billing address: _____
(City) (State) (Zip)

ALARM COMPANY INFORMATION

Name of Alarm Company: _____
24-Hour Phone: _____ Business Phone: _____
Address: _____
(City) (State) (Zip)

Monitoring Company (if different): _____
(Phone)

OWNER/CONTACT PERSON(S) (Additional contact(s) may be added on the back of this form)

1. _____ Home Phone: _____ Work Phone: _____
(Owner Name)
Address: _____
(City) (State) (Zip)

2. _____ Home Phone: _____ Work Phone: _____
(Co-Owner Name)
Address: _____
(City) (State) (Zip)

Please mail this form and check if applicable (make check payable to the Town of Brookfield) to the Brookfield Police Department-Records Division, 63 Silvermine Road, Brookfield, CT 06804. For questions, call (203) 740-4100 Monday-Friday 8:30 a.m. – 3:30 p.m.

Office Use Only

Date: _____ Site Number: _____
Fee: \$ _____ I.D. # _____

