



City of Norwalk Emergency Services

ALARM USER REGISTRATION FORM



- New Application
- Information Update

TYPE OR PRINT CLEARLY IN BLACK INK

User Form – No Charge

1. Alarm User Information:
Name of Applicant (Individual, Proprietorship, Partnership, Corporation):
Address (Include Bldg #, Apt #):
Phone Number At Alarm Location:
Mailing Address (If different from above) Include Suite, Apt., Room, etc:

2. Key Holders (Name, Telephone Numbers) List in order of calling. Must have at least one (1):
A.
B.
C.

3. Alarm Information:
Central Station (Monitoring Company), Address and Phone Number:
Type of System: Please check appropriate box.
<input type="checkbox"/> Burglary <input type="checkbox"/> Fire <input type="checkbox"/> Holdup <input type="checkbox"/> Medical <input type="checkbox"/> Panic <input type="checkbox"/> Distress <input type="checkbox"/> Other
(Explain) _____

Signature of Registrant: _____ Date: _____

Mail or Fax to: Norwalk Department of Police Services
P. O. Box 239
Norwalk, CT 06856-0239
Attn: Alarm Administrator
Phone: 203-854-3000 Fax:203-854-9215

NOTE:

- Failure to comply with the registration requirements is subject to a \$75.00 Fine.
- The registrant is responsible for notifying the Alarm Administrator of any changes to the registration information.