

**TOWN OF GREENWICH**  
**CONNECTICUT**  
**ALARM ORDINANCE REGISTRATION FORM**

For Office Use Only

Reg # \_\_\_\_\_

Date: \_\_\_\_\_

**ALARM OWNER INFORMATION REQUIRED**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name Middle Initial

Business Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

Employer's Name \_\_\_\_\_ Employer's Address \_\_\_\_\_

**BILLING INFORMATION REQUIRED (check one)**  Same as owner  Same as user

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name Middle Initial

Business Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

**ALARM USER INFORMATION REQUIRED (check one)**  Same as owner  Tenant

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name Middle Initial

Business Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_ City, State, Zip \_\_\_\_\_ **CT**

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

**LOCAL KEYHOLDERS**

Name \_\_\_\_\_ Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

Name \_\_\_\_\_ Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

Name \_\_\_\_\_ Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

**ALARM COMPANY**

Alarm Company presently using \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Area Code) Number

**ALARM DESCRIPTION**

Alarm Location \_\_\_\_\_ Check One:  Commercial  Industrial  Public Building  Residential  
Apt #

New Installation (Check one)  Yes Date of Installation \_\_\_\_/\_\_\_\_/\_\_\_\_  No Check One:  Fire  Intrusion  Both

Pursuant to the provisions of the Town of Greenwich Alarm Ordinance on file with the Town Clerk of Greenwich and in consideration for the permission to use an alarm device, as defined, therein, the undersigned alarm user, as defined therein, acknowledges full familiarity with the said ordinance and certifies user's authorization to register the above-identified alarm device. The undersigned further accepts full responsibility for said device as the alarm user with the terms of said ordinance and agrees to fulfill all the requirements stated therein.

\_\_\_\_\_  
Previous Owner, if known

\_\_\_\_\_  
Alarm User/Alarm Owner Signature