

Manchester Police Department

Alarm Registration Form

New - \$2.00 Annual Fee

Renewal - \$2.00 Annual Fee

Applicant's Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____

Address where alarm is located: _____

Residence **Business** _____
(Business Name)

Alarm Monitoring Company: _____

 NONE

Alarm Monitoring Company Phone Number: _____

In case of an alarm activation or emergency at this location, please indicate who should be notified.

NOTE: the contact persons listed below should have a key and/or alarm code for this premises.

Emergency Call List

1 st Contact Name:	Phone #:	2 nd Phone # (optional)
2 nd Contact Name:	Phone #:	2 nd Phone # (optional)
3 rd Contact Name:	Phone #:	2 nd Phone # (optional)

I hereby agree to comply with the provisions of Manchester Town Ordinance Chapter 103.

X _____

APPLICANT SIGNATURE

Mail or deliver your completed application and the annual fee of \$2 (payable to "MPD") to: Manchester Police Records Division, 239 Middle Turnpike E., P.O. Box 191, Manchester, CT 06045-0191.
Applicant: If you would like a receipted copy of this form, please send a postage-paid, self-addressed envelope with your application and check.

FOR OFFICE USE ONLY

Issue Date: ____ / ____ / ____ Expiration Date: **04/ 30/** ____ Received by: _____