



TOWN OF WETHERSFIELD

Police Department
250 Silas Deane Highway
Wethersfield, CT 06109

Office of the Fire Marshal
505 Silas Deane Highway
Wethersfield, CT 06109

APPLICATION FOR ALARM PERMIT

Notice: Per the Wethersfield False Alarm Ordinance Section 78-4, every owner or operator must apply for a permit to operate an alarm unit in the town. This information is CONFIDENTIAL and will not be released outside this agency except per court order. **Please Print Clearly.**

ALARM PERMIT NO: _____
(Office use only)

I. APPLICANT:

NAME:	DAYTIME NUMBER:	EVENING NUMBER:	CELL PHONE:
MAILING ADDRESS:		DRIVER'S LICENSE NUMBER:	SPOUSE CELL:
CITY, STATE, ZIP:			

II. ALARM PREMISES:

ADDRESS, IF DIFFERENT THAN MAILING ADDRESS:	TELEPHONE NUMBER AT ALARMED LOCATION:
CITY, STATE, ZIP:	NON-RESIDENTIAL, BUSINESS OR ENTITY NAME:
NATURE OF PREMISES: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OTHER _____ <input type="checkbox"/> PRE—EXISTING ALARM <input type="checkbox"/> NEW INSTALLATION - IF SO, PLEASE PROVIDE PERMIT # _____	

III. ALARM SYSTEM, MONITORING AND INSTALLATION COMPANY:

KINDS OF ALARMS AT PREMISES (CHECK ALL THAT APPLY): BURGLAR ALARM <input type="checkbox"/> FIRE <input type="checkbox"/> PANIC <input type="checkbox"/> IS IT AUDIBLE OUTSIDE? <input type="checkbox"/> OR SILENT? <input type="checkbox"/> OTHER TYPE <input type="checkbox"/> _____	
ALARM MONITORING COMPANY :	ALARM INSTALLATION/MAINTENANCE COMPANY :
ALARM MONITORING COMPANY ADDRESS:	ALARM INSTALLATION /MAINTENANCE COMPANY ADDRESS
TELEPHONE NUMBER:	TELEPHONE NUMBER:
FAX NUMBER:	FAX NUMBER:
E-MAIL ADDRESS:	E-MAIL ADDRESS:

IV. AUTHORIZED KEY HOLDERS:

A **KEY HOLDER** is someone you trust who, in your absence and within 20 minutes of being notified, will arrive at your premises after an alarm activation in order to secure the property and/or assist the Police Department in determining the cause of the alarm.

NAME, FIRST KEYHOLDER:	NAME, SECOND KEYHOLDER:
DAY TELEPHONE:	DAY TELEPHONE:
EVENING TELEPHONE:	EVENING TELEPHONE:
CELL PHONE:	CELL PHONE:

Upon receipt of completed application and registration fee, a registration number shall be assigned to the Alarm System. Failure to register an Alarm System will result in a \$250.00 fine. Once a registration number has been issued, any changes to permit information should be submitted in writing to the Police Department within 10 days.

I hereby certify that, to the best of my knowledge, the above information is correct. I also agree to accept full responsibility for the alarm device within the terms of the ordinance.

Signature _____ Date _____

(over)

