RESIDENTIAL OR COMMERCIAL PROPERTY

ALARM REGISTRATION FORM

Registration forms must be completed and returned to the Colchester Fire Dept. located at 52 Old Hartford Rd.

OWNER INFORMATION

Property Owner Name: ________________________________

Property Owner Address: ________________________________

Property Owner Phone 1: ___________________________ (Primary)

Property Owner Phone 2: ___________________________ (Secondary)

ALARM INFORMATION

Alarm Type (Check All That Apply):  ☐ Fire  ☐ Burglar  ☐ Carbon Monoxide  ☐ Medical

KEY HOLDER INFORMATION

Key Holder Name: ________________________________

Key Holder Phone 1: ________________________________ (Primary)

Key Holder Phone 2: ________________________________ (Secondary)

Alt. Key Holder Name: ________________________________

Alternate Key Holder Phone 1: ___________________________ (Primary)

Alternate Key Holder Phone 2: ___________________________ (Secondary)

ALARM COMPANY INFORMATION

Alarm Company Name: ________________________________

Alarm Company Address: ________________________________

Alarm Company Phone: ________________________________

It is the responsibility of the Alarm (Property) Owner to notify the Town, in writing, within ten (10) days of changes to any of the above registration information or upon moving from the property.

Rev. 08/22/2013