



DARIEN, CONNECTICUT

POLICE & FIRE ALARM REGISTRATION FORM

Address of alarm system

Name (Last Name, First Name) or Business Name

Owner's Name and Address

Owner's Home Phone Cell Phone Business Phone Email

Monitoring Company

Monitoring Company Address Phone

Persons with access to your home/business (key holders).
Please list in order of preference to be called.

Name Phone

Name Phone

Signature of alarm owner (please print name below) Date

PLEASE RETURN THIS COMPLETED FORM TO THE DARIEN POLICE DEPARTMENT:

BY HAND OR MAIL: 25 HECKER AVENUE, DARIEN, CT, 06820

BY FAX: (203) 662-5373

BY EMAIL: ALARMREGISTRATION@DARIENCT.GOV

TO SUBMIT YOUR REGISTRATION ELECTRONICALLY ONLINE, PLEASE GO TO THE LINK ON THE FORMS AND PERMITS PAGE AT [HTTP://DARIENCT.GOV](http://darienct.gov) .

PLEASE REGISTER YOUR ALARM SYSTEM EVEN IF YOU HAVE PREVIOUSLY REGISTERED THE FIRE ALARM.

ALARM ADMINISTRATOR'S USE

MAP: _____ LOT: _____ CUSTOMER # _____