



The Glastonbury Police Department requests that you fill out and submit this form for new alarm systems and renewal of previously registered alarm systems.

↑ Areas n	narked with an asterisk, mus	st be completed	
Please select one of the following: New Registration Prior registration:	stration remains the same	No longer	have an alarm at this location
* Name: Last Name	First Name		
* Resident or Business Address:			
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	iness phone #	Fax #:	
	A al alua a a		Oth on #.
Alarm Information:			
This is an application to operate an alarm	and/or signaling system as	indicated: Ple	ase select ALL that apply:
Burglar Hold up/ Panic Fire	Central Station Monitor	ed Local Al	arm ONLYTimed Shut-off
Alarm installed by:		Dat	e of installation:
Name of designated alarm service compa	any:		Phone #:
Address: Street address, Town, State, Zip Contact person:			
Name of Central Monitoring Station (whe	ere system is monitored):		
Address: Street address, Town, State, Zip Contact person:			on:
Authorized Keyholders:			
Name:	Date of Birt	th: MM/DD/YYYY	Cell phone #:
Address: Street address, Town, State, Zip	Ho Ph	ome none #:	Business #:
Name:	Date of Birt	th: MM/DD/YYYY	Cell phone #:
Address: Street address, Town, State, Zip	Ho Pr	ome none #:	Business #:
Name:	Date of Birt	th: MM/DD/YYYY	Cell phone #:
Address: Street address, Town, State, Zip	Ho	ome none #:	Business #:
I acknowledge the above inform of the Glastonbury Alarm Ordinance.	nation is correct to the best	of my ability, an	d I understand the regulations
Applicant Signature:		Date	: MM/DD/YYYY
Mail this completed form along with the desi		\$25.00 Initia	Il Registration Fee
Glastonbury Police Department 2108 Main St	_	\$10.00 Rene	ewal Fee Alarm User Applicant Registration 2021-2022.pdf