ALARM USER REGISTRATION

Last Name: _____ First Name:_____

Business/Company Name:_____

Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

AUTHORIZED KEYHOLDERS

1. Name: _____Phone: _____

2. Name: _____Phone: _____

ALARM COMPANY

Alarm Service Company Name:_____

Please keep this office informed of any future changes in your alarm status.

_____ _____

Applicants Signature Date

Return completed form and $25.00 registration fee payable to the Town of Killingly to:

Alarm Registration
172 Main St.
Killingly, CT 06239