

## 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**

**Per Town of Killingly Code of Ordinances, Section 11-76, an alarm user shall be subject to fines, depending on  
the number of false alarms within any calendar year.**