BROOKFIELD ALARM REGISTRATION FORM

Date:_____ ☐ Initial Registration** ☐ Renewal ☐ Change/Updated Info

****$10.00 Initial Registration Fee (One-Time Only)**

SITE TYPE

☐ Residential **or**

☐ Business: Type of Business: _____ (Restaurant, Bank, Gas Station etc.)

ALARM SITE INFORMATION

Name: _____ Phone at Site: _____

Address:_____ Fax# _____Email: _____

BILLING/MAILING INFORMATION

Name: _____Phone Number: _____

Billing address: _____

(City) (State) (Zip)

ALARM COMPANY INFORMATION

Name of Alarm Company:_____

24-Hour Phone:_____ Business Phone:_____

Monitoring Company (if different):_____

(Phone)

OWNER/CONTACT PERSON(S) **Additional contact(s) may be added on the back of this form**

1. _____Cell Phone:_____ Work Phone:_____

(Owner Name)

Address:_____

(City) (State) (Zip)

2. _____Cell Phone:_____ Work Phone:_____

(Co-Owner Name)

Address:_____

(City) (State) (Zip)

Please mail this form and check if applicable (make check payable to the Town of Brookfield) to the Brookfield Police Department-Records Division,
63 Silvermine Road
Brookfield CT 06804
Fax# 203-775-4367

For questions, call
(203) 740-4100
Monday-Friday

Office Use Only

Date:_____ Site Number:_____
Fee:$_____ I.D. #_____

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