

Town of East Lyme

Alarm System Registration Form

LOCATION TO BE ALARMED

STREET NAME _____ STREET # _____

BUSINESS NAME _____

TOWN/CITY _____

PHONE # _____

ALARM OWNER OR USER

NAME _____

STREET # _____ STREET NAME _____

TOWN/CITY _____

PHONE # _____

KEY HOLDERS

(As many as possible with keys and codes)

1) NAME _____ PHONE # _____

2) NAME _____ PHONE # _____

3) NAME _____ PHONE # _____

4) NAME _____ PHONE # _____

5) NAME _____ PHONE # _____

6) NAME _____ PHONE # _____

7) NAME _____ PHONE # _____

8) NAME _____ PHONE # _____

TYPE OF ALARM

(Check all that apply)

Police

Fire

E.M.S.

I have received a copy of the *ALARM SYSTEMS ORDINANCE*.

OWNER/USER'S Signature _____