City Of Bridgeport

Office of Alarm Administrator

Please email completed form to
James.Baraja@Bridgeportct.gov

ALARM REGISTRATION

1. Applicant's Name: _____
   Residence/Business: _____
   (Circle Type) Number Street City State Zip
   Mailing *(if different)*: _____
   Number Street City State Zip
   Premise Phone: ( ) _____Business Phone#: ( )_____Cellular/Pager:( )_____
   Fax: ( )_____Other: ( )_____
2. This is an application to operate an alarm and/or signaling system(s) as indicated:
   ( ) Burglar ( ) Hold Up ( ) Panic ( ) Medical ( ) Other
   ( ) Central Stationed Monitored ( ) Local Alarm Only ( ) 15-Minute Shut-off
3. Alarm System Installed By: _____Date:_____
   Electrical Permit #: _____ Date Issued: _____
4. Name of Designated Alarm Service Company: _____
   Name: _____Phone #:( )_____
   Address:_____Town:_____State:_____Zip:_____
   CT License #: Contact Person:
5. Name of Central Monitoring Station (where system is monitored):
   Name: _____Phone #:( )_____
   Address:_____Town:_____State:____Zip:____
6. Authorized Key holders:

	Name	Home Phone	Business Phone
I.	_____	( )_____	( )_____
II.	_____	( )_____	( )_____
III.	_____	( )_____	( )_____

I acknowledge the above information is correct to the best of my ability, and I understand the regulations of the Bridgeport alarm Ordinance.

Name of Applicant (please print):_____

_____

Applicant's Signature Date

For Administrator's Use only:

Registration Granted:_____ Registration #:_____Date:_____
Registration Denied:_____ Reason:_____
Alarm Administrator:_____ Date: _____

Fee: ____Paid (*Commercial - $20.00*) ____Waived (*Residential*)