

 <p><i>"To Protect and Serve"</i></p>	<p align="center">WESTPORT POLICE DEPARTMENT 50 Jesup Road Westport, CT 06880 203-341-6000</p>	<p align="center">FORM # PD-4 REV 1-19</p>
	<p align="center">Form Title</p> <p align="center">ALARM REGISTRATION FORM</p>	

Please Complete Appropriate Section

ALARM PERMITTEE INFORMATION:		
RESIDENTIAL ALARM INFORMATION <input type="checkbox"/>	BUSINESS ALARM INFORMATION <input type="checkbox"/>	
ALARM ADDRESS (EXACT STREET ADDRESS OF THE ALARM LOCATION):		
Address # _____ Street: _____		
Apt. /Flr/Suite #: _____		
City: _____ State: _____ Zip: _____		
FIRST & LAST NAME AT THIS ADDRESS:		BUSINESS NAME:
TELEPHONE:		TELEPHONE:
EMAIL:		EMAIL:
CONTACT # 1		
FIRST NAME:	LAST NAME:	BEST PHONE:
CONTACT # 2		
FIRST NAME:	LAST NAME:	BEST PHONE:
BILLING INFORMATION IF DIFFERENT FROM ALARM PERMITTEE INFORMATION		
FIRST NAME:	LAST NAME:	BUSINESS NAME:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

PLEASE MAIL COMPLETED FORM WITH PAYMENT OF \$10, MADE PAYABLE TO THE WESTPORT POLICE DEPARTMENT TO: Westport Police Department, False Alarm Management, 50 Jesup Road, Westport, CT 06880-4385

Questions? Please call 203-341-6004 between 9 AM and 4 PM, Monday through Friday.