

East Haven Police Department

471 North High Street, East Haven, CT 06512 203-468-3820



Dear East Haven Resident/Business:

Pursuant to East Haven Town Ordinances #12-41 through 12-44 inclusive, you are required to register your alarm system with the East Haven Police Department. Business and residential alarms are mandatory registration.

A one-time fee of \$25.00 for residential properties of \$50.00 for non-residential properties is usually required. If you have registered in the past, the fee is waived. It has been determined that many alarms currently registered have outdated alarm company and/or key holder information. This registration update is necessary to correct alarm company and key holder information so that the East Haven Police Department can more efficiently handle alarm calls for service. Attached is the updated alarm registration form. Please complete entirely.

All forms can be dropped off at the East Haven Police Department or mailed to the following address:

East Haven Police Department 471 North High Street, East Haven, CT 06512 Attention: Records Division

If you have any questions or concerns, do not hesitate to contact the East Haven Police Records Division at 203-468-3833 between the hours of 8:00AM to 3:45PM Monday through Friday.

Thank you in advance for your cooperation with this matter.



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ALARM SYSTEM REGISTRATION

The East Haven Police Department assumes no special duty or liability to respond to an individual alarm system. The East Haven Police Department acting in its governmental capacity for the protection of the general public, responds to alarms as the priority of all calls and daily workload permits.

REGISTRANT: (PERSON OR COMPANY)				
ALARM PREMISE ADDRESS:				
ALARM PREMISE PHONE #:				
REGISTRANT CELL PH				
BILLING ADDRESS:				
ALARM COMPANY:				
ALARM COMPANY PHONE #:				
TYPE OF PREMISES: (Circle One)				
Commercial	Residential	F PREMISES: (Cir School	Government	Other:
	I SOUNDS AT PRE I AUTOMATICALI		YES YES	NO NO
Key Holder #1 Name:				
Address:				
Home Phone:	Cell Phone #:			
Key Holder #2 Name:				
Address:				
Home Phone #:	Cell Phone #:			
RETURN THIS FORM TO:	FOR POLICE DEPARTMENT USE ONLY:			
EAST HAVEN POLICE DEI 471 NORTH HIGH STREET		DATE OF RE	GISTRATION:	
EAST HAVEN, CT 06512 ATTENTION: RECORDS D	IVISION DATE FEE PAID:			