# Alarm Permit Application and Registration Form

**City of New Britain, Connecticut**  
**Alarm Management Program**

**DATE:** _____________  **TYPE OF PREMISES:**  
- [ ] Residential  
- [ ] Commercial / Industrial  
- [ ] Government

**ADDRESS of ALARM:**  
(Street Number) ______________ (Street Name) ________________________________  
(Apt./Flr/Suite) ____________  
(Zip Code) ____________

**NAME (APPLICANT or REGISTRANT):**  
(Last Name) ___________________________________________ (First Name) ____________________________

**BUSINESS NAME (If applicable)**  
______________________________________________________________________________

**TELEPHONE NUMBER of APPLICANT or REGISTRANT:**  
(Area Code) ____________ (Phone Number) ____________

**ALARM COMPANY NAME:**  
(Alarm Company Name) ____________________________________________________________  
(Alarm Company Street Number, Street Name, and Apt/Flr/Suite) __________________________

(Alarm Company City) __________________________ (State) __________________________ (Zip Code) __________

**CONDITIONS REPORTED BY ALARM:**  
- [ ] Burglary  
- [ ] Robbery  
- [ ] Hold-up  
- [ ] Panic  
- [ ] Fire  
- [ ] Medical  
- [ ] Other __________________________

**TYPE OF ALARM SYSTEM:**  
- [ ] Central Station Monitored  
- [ ] Audible Only

**DOES ALARM SOUND OUTSIDE OF PREMISES:**  
- [ ] No  
- [ ] Yes

**DOES ALARM AUTOMATICALLY RESET:**  
- [ ] No  
- [ ] Yes

**Emergency Contacts**

1.  
(_Name) ___________________________________________ (Area Code) ____________ (Phone Number) __________

2.  
(_Name) ___________________________________________ (Area Code) ____________ (Phone Number) __________

3.  
(_Name) ___________________________________________ (Area Code) ____________ (Phone Number) __________

Mail this completed form along with a check for the proper permit fee ($25 for residential, $50 for commercial) to: Alarm Management Program, City of New Britain, 10 Chestnut Street New Britain, CT 06051

**For Administrative Use Only**

Date Received:  
- [ ] ______________ Payment Amount:  
- [ ] $25  
- [ ] $50  
- [ ] Fee Waived  
- [ ] Proof of Prior Permit

Action:  
- [ ] Permit Denied  
- [ ] Application Returned for Additional Information  
- [ ] Permit Approved  
- [ ] Permit Number: __________________________  
- [ ] Payment Sent to Finance: __________________________  
- [ ] Entered into System _____________ By _____________ 
- [ ] Permit Printed and Mailed ______________

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