



**City of New Britain, Connecticut  
Alarm Management Program  
Alarm Permit Application and Registration Form**

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)  
\_\_\_\_\_  
(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 \_\_\_\_\_

Attach Check Here:  
Make Check Payable to: Treasurer, City of New Britain  
**DO NOT STAPLE**