



Bethel Police Department

Jeffrey W. Finch ♦ Chief of Police

Alarm/Business Registration

Business Name: _____

Address: _____

Business Phone: _____

System Type: Police (Burglary) Fire Both None

Audible? Yes No

Emergency Contacts/Keyholders (in order of preferred contact)

1. Name _____ Title/Relationship _____
Address _____
Phone number(s) _____

2. Name _____ Title/Relationship _____
Address _____
Phone number(s) _____

3. Name _____ Title/Relationship _____
Address _____
Phone number(s) _____

Alarm Company Name: _____ **Phone:** _____

**Unless required by law, no alarm system which produces an exterior audible signal shall be installed unless its operation is automatically restricted to a maximum of 15 minutes' automatic reset for a residential facility and 30 minutes' automatic reset for a business facility*

Notwithstanding the provisions of this article, the Town, its departments, officers, agents and employees shall be under no obligation whatsoever concerning the adequacy, operation or maintenance of any alarm device or alarm monitoring facilities. No liability whatsoever is assumed for the failure of such alarm devices or monitoring facilities or for the failure to respond to alarms.

It is the responsibility of the alarm owner to contact the Bethel Police Department if there is any change to the above information.

Signature/Name: _____

Date: _____

Print this form and submit it in person, or mail a signed printed copy to Police Headquarters located at 12 Judd Ave Bethel, CT 06801