



# MERIDEN POLICE DEPARTMENT

50 W MAIN ST  
MERIDEN , CT 06451  
Fax 203-630-6257

Account #

## Alarm Registration Application



INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Please mail, fax or email the completed application to [alarms@meridenct.gov](mailto:alarms@meridenct.gov).

### 1 Alarmed Location

Occupant Name or Business Name

Address

Suite/Apt#

City State Zip

### 2 Responsible Party

Name

Address

City State Zip

Email address

Phn1 \_\_\_\_\_

Phn2 \_\_\_\_\_

Phn3 \_\_\_\_\_

Phn4 \_\_\_\_\_

### 3 Contact Names

Contact 1

Name

Contact 2

Name

Phn1 \_\_\_\_\_

Phn2 \_\_\_\_\_

Phn1 \_\_\_\_\_

Phn2 \_\_\_\_\_

### 4 Additional Information

Special Conditions/ Hazards \_\_\_\_\_

### 5 Alarm Companies

Not Monitored

Monitored By

Phn1 \_\_\_\_\_

By applying for an alarm permit, the alarm user acknowledges that the Meriden Police Department response may be influenced by factors such as the availability of police units, priority of calls, weather conditions, traffic conditions, emergency conditions, staffing levels, prior response history and other factors at the sole discretion of the Meriden Police Department.