



City Of Bridgeport

Office of Alarm Administrator

45 Lyon TER. RM 14
Bridgeport 06604

Tel. (203) 332-3026

Fax (203) 332-3087

ALARM REGISTRATION

1. Applicant's Name: _____

Residence/Business: _____
(Circle Type) Number Street City State Zip

Mailing (if different): _____
Number Street City State Zip

Premise Phone: () _____ Business Phone#: () _____ Cellular/Pager: () _____
Fax: () _____ Other: () _____

2. This is an application to operate an alarm and/or signaling system(s) as indicated:
 Burglar Hold Up Panic Medical Other
 Central Stationed Monitored Local Alarm Only 15-Minute Shut-off

3. Alarm System Installed By: Self installed by user Date: _____
Electrical Permit #: _____ Date Issued: _____

4. Name of Designated Alarm Service Company: _____
Name: Frontpoint Phone #: () _____
Address: 1595 Spring Hill Rd Ste 110 Town: Vienna State: VA Zip: 22182
CT License #: _____ Contact Person: _____

5. Name of Central Monitoring Station (where system is monitored):
Name: Rapid Response Phone #: (800) 932-3822
Address: 400 W Division St Town: Syracuse State: NY Zip: 13204

6. Authorized Key holders:

Name	Home Phone	Business Phone
I. _____	() _____	() _____
II. _____	() _____	() _____
III. _____	() _____	() _____

I acknowledge the above information is correct to the best of my ability, and I understand the regulations of the Bridgeport alarm Ordinance.

Name of Applicant (please print): _____

Applicant's Signature _____ Date _____

For Administrator's Use only:

Registration Granted: _____ Registration #: _____ Date: _____

Registration Denied: _____ Reason: _____

Alarm Administrator: _____ Date: _____

Fee: ____ Paid (Commercial - \$20.00) ____ Waived (Residential)