

# TOWN OF NEW MILFORD

“Gateway to Litchfield County”

Fire Alarm Administrator

Office of the Fire Marshal

NEW REGISTRATION [ ] or RENEWAL [ ]

Name of alarmed premises: \_\_\_\_\_

Name of premises: \_\_\_\_\_

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Type of Premises: Residential [ ] Commercial [ ]

For Commercial Buildings Lock-BOX installed YES [ ] NO [ ]

Type of Fire Alarm: \_\_\_\_\_

Fire alarm or sprinkler system or types

Alarm Panel Location: \_\_\_\_\_

Directions to Residence: (example: 5th house on right side of roadway from Main Street. Tan 2 story colonial with green shutters. Stone pillars at end of driveway): \_\_\_\_\_

Any hazards : \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_

Alarm Company Phone Number: \_\_\_\_\_

## EMERGENCY CONTACTS

Primary Key holder : \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Secondary Key holder : \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number:(\_\_\_\_) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

## **NEW ALARM SYSTEMS**

Permit # \_\_\_\_\_ (from building department.) Contractor Lic # \_\_\_\_\_

Company Name : \_\_\_\_\_ Phone #\_(\_\_\_\_) \_\_\_\_\_

Phone #\_(\_\_\_\_) \_\_\_\_\_

Thank you for your time.

**Please return this information to: The New Milford Fire Marshal's Office**

Town Hall 10 Main St. New Milford, Connecticut 06776 Telephone (860) 355-6099 Fax(860) 355-4609