

Town of Canton
Alarm/Key Holder Information

Business/Resident Name: _____ Main Phone: _____

Business/Residence Address: _____

Alarm Company: _____ Phone: _____

Any Special Instruction: _____

1st Keyholder Information:

Name: _____

Phone numbers: _____

2nd Keyholder Information:

Name: _____

Phone numbers: _____

3rd Keyholder Information:

Name: _____

Phone numbers: _____

Form Completed by: _____ Date: _____

Registration Fee* received: \$ _____ Date: _____ Check #: _____

*New Alarm Registration Fee is \$25.00 Cash: _____

PLEASE COMPLETE THIS FORM AND RETURN TO THE CANTON POLICE DEPARTMENT

45 RIVER ROAD, CANTON, CT 06019 – 860-693-0221

PoliceReports@TownofCantonCT.org

Internal Use Only:

Alarm information entered into database by _____

Date: _____