FIRE ALARM REGISTRATION FORM
FOR HOME AND BUSINESS

To serve you better, complete and return this form to the Ridgefield Fire Department if your home or business has a monitored fire alarm system. Submission of this form complies with the Code of the Town of Ridgefield, Chapter 112, Article II – Fire Alarms.

Today’s Date: ______/______/______

Address of Home or Business protected by Fire Alarm:

Number ___________________________ Street Name ___________________________ Property Phone Number (______)___________________

Name of Home or Business Resident:

Name ___________________________ Alternative Phone Number (______)___________________

Email Address (for renewal purposes): ____________________________________________________________

Name and Address of Owner if Different than above:

Name ___________________________ Address ___________________________ City, State, Zip Code ___________________________ Phone Number (______)___________________

Key holders in order they are to be called:

Name: ___________________________ Phone Number: (______)___________________
Name: ___________________________ Phone Number: (______)___________________
Name: ___________________________ Phone Number: (______)___________________

Alarm System:

Monitored by: ___________________________ Phone Number: (______)___________________
Location of Fire Alarm Panel: _______________________________________________________________
Knox Box Location (if applicable): _____________________________________________________________
Specific Information about Property Location: _____________________________________________________

This form may be mailed, faxed, or emailed to: Ridgefield Fire Department, 6 Catoonah Street, Ridgefield, CT 06877, Fax (203) 431-2562, fire@ridgefieldct.org. Forms also available at www.ridgefieldct.org.
Thanks for helping us keep you safe.