



Town of Ridgefield

FIRE DEPARTMENT

6 Catoonah Street
Ridgefield, CT 06877
Office: (203) 431-2726
Fax: (203) 431-2562
www.ridgefieldct.org

FIRE ALARM REGISTRATION FORM FOR HOME AND BUSINESS

Today's Date: ____/____/____

Address of Home or Business protected by Fire Alarm:

_____(_____)_____
Number Street Name Property Phone Number

Name of Home or Business Owner:

_____(_____)_____
_____(_____)_____
First Name Last Name Alternative Phones
_____(_____)_____

Name and Address of Owner if Different than above:

Name Address 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: _____