



# ALARM REGISTRATION FORM

Community Development  
Department

New Application	<input type="checkbox"/>	Building Permit # _____	Installer License # _____
Renewal:	<input type="checkbox"/>	_____	
Name of Business:	<input type="checkbox"/>	_____	Address _____
Name of Resident:	<input type="checkbox"/>	_____	Address _____

LOCATION OF ALARM (**Class:** Residential  Business  Apartment  Condo

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Owner/User: \_\_\_\_\_ Address: \_\_\_\_\_

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Day Ph# \_\_\_\_\_ Evening Ph# \_\_\_\_\_ Alternate Ph# \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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\* LANDLORD INFORMATION (Business Applicants Only)

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

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INDIVIDUAL(S) ABLE AND AUTHORIZED TO ENTER PREMISES & DEACTIVATE THE ALARM

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Name:	Address	Ph#	Alt.#
Name:	Address	Ph#	Alt.#
Name:	Address	Ph#	Alt.#

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YOU MUST NOTIFY YOUR ALARM COMPANY OF THE VALID REGISTRATION NUMBER

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Alarm Co. That installed System:	Permit#	Date:
Alarm Co. Servicing Alarm System:	Ph#	
Alarm Co. Monitoring Alarm System:	Ph#	

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Do You Have A Back-Up Power Supply:	Y	N	
Do You Have A Ten / Fifteen Min. Cut Off:	Y	N	

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_