

Date: \_\_\_\_\_

**ALARM REGISTRATION - \$25.00 Fee**

Permit #: \_\_\_\_\_

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

911 Street Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Type of Alarm:  Audible  Burglar  Dispatched  Fire  Medical  Panic  Other

Central Alarm System: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Installer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact For Reset (Other Than Owner) Local Area Only:

Name/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions & Description: \_\_\_\_\_

Resident Email Address: \_\_\_\_\_

Signature - Home Owner or Lessee