

ALARM SYSTEM REGISTRATION

ADDRESS OF ALARM TO BE REGISTERED: \_\_\_\_\_

NAME OF OCCUPANT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

OWNER OF PREMISES: _____	TELEPHONE NO.: _____
ADDRESS: _____	CITY: _____ STATE: _____

DESCRIPTION OF ALARM SYSTEM: \_\_\_\_\_

DATE ALARM SYSTEM INSTALLED: \_\_\_\_\_

NAME OF ALARM COMPANY MONITORING ALARM SYSTEM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

NAMES OF PERSONS RESPONSIBLE FOR RESETTING THE ALARM OR DEVICE, CHECKING THE PREMISES OR RESPONDING TO NOTICE FROM THE POLICE AND/OR FIRE DEPARTMENT OF AN ACTIVATION OF THE ALARM SYSTEM. (CLERK'S OFFICE MUST BE NOTIFIED OF ANY CHANGES)

NAME	ADDRESS	TELEPHONE

I/WE HAVE READ THE FALSE ALARM ORDINANCE AND SIGN THE APPLICATION WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE PROVISIONS OF THIS ORDINANCE AND THAT SAID APPLICANT WILL COMPLY WITH THIS ORDINANCE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE