



Prescott Police Department

Integrity • Courage • Accountability • Respect • Excellence



Registration # _____

Expiration Date: _____

Alarm Registration Form

Location of Alarm: Residential Non-Residential Property Owner Tenant

Type of Alarm System: Burglar Fire Audible Silent/Hold-Up

(Please check all that apply)

Registration Type: New Renewal (w/changes) Renewal (no changes)

Owner/Occupant: _____

Physical Address of Alarm: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Responsible Party _____

Contact #1 Name: _____

Contact #1 Telephone: _____

Contact #2 Name: _____

Contact #2 Telephone: _____

Alarm Monitoring Company: _____

Alarm Company Telephone: _____

Hazards/Special Information: _____

(dogs, disabilities, hazardous

materials, locked gate, etc.) _____

I hereby certify that the above information is accurate to the best of my knowledge. I also accept complete responsibility for any and all charges, and/or fees, accrued by my alarm system in accordance with the City of Prescott Alarm Ordinance No.

Authorized Signature

Date