ALARM REGISTRATION FORM

[ ] Residential [ ] Non-Residential Date Completed_____

Applicant Name: _____

Residential Address: _____, Dearborn Heights, (Zip): _____

Telephone Number: (home) _____ (work) _____

(BUSINESSES ONLY)
Name of Business: _____

Address of Alarm Location: _____, Dearborn Heights, (Zip): _____

Billing Address: _____ (City) _____ (Zip) _____

Business Telephone Number: _____

(ALARM SYSTEM INFORMATION)

Name of Alarm System: _____
Address: _____(City)_____ (State/Zip)_____
Telephone number: _____ State License #:_____
Alarm Maintenance/Repair Company: _____
Address:_____ (City)_____(State/Zip)_____
Telephone Number: _____

(Check all applicable boxes)
Type of Alarms: Burglary [ ] Fire [ ] Medical Emergency [ ] Panic [ ] Hold Up [ ]
Other Type: _____
Areas Alarmed: Interior [ ] Doors: N [ ] S [ ] E [ ] W [ ] Windows: N [ ] S [ ] E [ ] W [ ]

Misc. Info:
Location of Fuse Box/Circuit Breaker Panel: _____
Auto Audible Alarm: Yes [ ] No [ ]
Location of Alarm Shut Off/Key Pad: _____
Night Lights: Exterior [ ] Interior [ ]
Safe: Yes [ ] No [ ]
Roof Skylight/Hatch: Yes [ ] No [ ] Alarmed: Yes [ ] No [ ]
Security dogs: Yes [ ] No [ ] Night Watchman/Guard: Yes [ ] No [ ]
Armed Guard: Yes [ ] No [ ] Name: _____
Cleaning Contractor: Yes [ ] No [ ] Name/Phone: _____

PERSONS TO BE NOTIFIED IN CASE OF AN EMERGENCY

Name:_____Phone:_____Alternate Phone:_____
Address: _____ Key to Building/Home: Yes [ ] No [ ]
Owner [ ] Manager [ ] Employee [ ] Neighbor [ ] Relative [ ] Friend [ ]
Name:_____Phone:_____Alternate Phone:_____
Address: _____ Key to Building/Home: Yes [ ] No [ ]
Owner [ ] Manager [ ] Employee [ ] Neighbor [ ] Relative [ ] Friend [ ]
Name:_____Phone:_____Alternate Phone:_____
Address: _____ Key to Building/Home: Yes [ ] No [ ]
Owner [ ] Manager [ ] Employee [ ] Neighbor [ ] Relative [ ] Friend [ ]