CITY OF PIEDMONT

ALARM SYSTEM REGISTRATION

Date: _____ Permit #: _____

Alarm: **Business** ___ **Residential** ___ **Intrusion** ___ **Fire** ___ **Other** ___

Property Owner: _____

Spouse: _____

Address: _____

Phone No. at Alarm Location: _____

Owner's Work #: _____ Spouse's Work #: _____

Please List Names and Birthdates of all Persons in the Household:

_____

_____

_____

Alternate Contact Numbers, in the event property owner cannot be reached:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Monitored by: _____ Phone #: _____

General Description of Alarm (Example: Dialer w/Loud Horn) _____

_____

Location of Keypad: _____

_____

General Comments or other information: _____

_____

Police Dept. Password (NOT Alarm Password): _____