

Business: _____
Residence: _____

Registration Date: _____

ALARM/KEYHOLDER REGISTRATION FORM

Dear Business Owner/Home Owner:

For the purposes of alarm/keyholder registration we would appreciate it if you would take the time to fill out the information below. This information is helpful to the Twin Valley Police Department in the event we are called to your business/residence for an alarm activation or any public safety or security issues. By completing and returning this form, you are providing us with the information we need to help you. If you have more than one location in Twin Valley please copy this form and complete for each location.

Name of Business or Home Owner: _____ Phone #'s: _____

Address: _____

Persons to be notified in case of an emergency:

1. Name: _____ Title: _____ Phone: _____

2. Name: _____ Title: _____ Phone: _____

3. Name: _____ Title: _____ Phone: _____

Alarmed _____ Yes _____ No _____

Persons to be notified in case of an alarm (if **different** than persons notified in case of emergency):

1. Name: _____ Title: _____ Phone: _____

2. Name: _____ Title: _____ Phone: _____

3. Name: _____ Title: _____ Phone: _____

ALARM INFORMATION

Type Burglary: _____ Robbery: _____ Medical: _____ Fire: _____ Water flow: _____
Other Emergency: _____ Silent: _____ Audible: _____ Both: _____

Name of Alarm Company: _____

Alarm Company Address: _____ 24 Hour Phone: _____

Alarms phoned to the police by: Alarm Company: _____ Telephone Answering Service: _____ Neighbor or Passerby: _____

Areas of premises protected by alarm: _____

Comments: _____

Signature: _____