

ALARM REGISTRATION

CITY USE ONLY _____

| Alarm User: Residential | |
|---|---|
| NAME | HOME PHONE |
| ADDRESS | ZIP CODE |
| EMERGENCY CONTACT | PHONE NUMBER |
| EMERGENCY CONTACT | PHONE NUMBER |
| EMAIL ADDRESS | |
| | OR |
| Alarm User: Business | |
| BUSINESS NAME | PHONE |
| BUSINESS ADDRESS | ZIP CODE |
| BUSINESS OWNER | PHONE |
| OWNER'S ADDRESS | |
| EMERGENCY CONTACT | PHONE |
| EMERGENCY CONTACT | PHONE |
| EMAIL ADDRESS | |
| Combination Security/Fire ALARM NOTIFICATION My alarm is monitored by a comparance of the company My alarm has a taped message that my alarm only has an outside audit ** Making emergency contacts for any alarm Should a question arise concerning your security Systems: Officer Carla M. Sa For Fire/Medical Systems: Kettering Fire | Contact Number t is automatically sent to the police/fire dept ble siren. rms is <u>NOT</u> the responsibility of Kettering Police Department. system or billing, please contact: acher 296-3238 Prevention 296-2489 |
| I certify that the above listed information dealing with alarm systems. | is true and accurate and I agree to abide by City Ordinance |
| | |
| | |

Signature _____ Date ____