

CITY OF EL LAGO

ALARM REGISTRATION AND ANNUAL RENEWAL FORM

BUSINESS NAME _____ DATE _____

ALARM LOCATION:

NAME: OCCUPANT _____ STREET ADDRESS _____ PHONE _____

NAME: OWNER _____ STREET ADDRESS _____ PHONE _____

ALARM TYPE:
BURGLAR _____ FIRE _____ PANIC _____ HOLDUP _____

LOCAL (AUDIBLE HORN) _____ ALARM SERVICE _____ BOTH _____

EMERGENCY NOTIFICATION:

(1) _____
NAME _____ ADDRESS/CITY/STATE _____ PHONE _____

(2) _____
NAME _____ ADDRESS/CITY/STATE _____ PHONE _____

Persons to be notified must be able and agree to receive notification at any time and respond to alarm location within one hour, grant access and deactivate alarm if necessary.

-or-

Persons to be notified to render service or repairs during any hour of the day or night that alarm sounds.

ALARM SERVICE COMPANY _____ ADDRESS/CITY/STATE _____ PHONE _____

SERVICE PERSON _____ ADDRESS/CITY/STATE _____ PHONE _____

INITIAL REGISTRATION FEE: \$5.00 DATE: _____ PERMIT # ISSUED: _____

EXPIRES: _____

ANNUAL RENEWAL FEE: \$5.00 _____

EXPIRATION: _____

OWNER'S / DESIGNEE'S SIGNATURE: _____