PEORIA POLICE DEPARTMENT
RESIDENTIAL ALARM REGISTRATION FORM

(Please PRINT Clearly)

NAME: _____ DATE: _____

STREET ADDRESS: _____ PEORIA, AZ _____
(ZIP CODE)

MAILING ADDRESS: _____
(IF DIFFERENT FROM STREET ADDRESS)

HOME TELEPHONE: (_____) _____ WORK TELEPHONE: (_____) _____

PAGER NUMBER: (_____) _____ CELLULAR NUMBER: (_____) _____

❒ YES ❒ NO DO YOU HAVE A VISION OBSCURING DEVICE?

TYPE OF ALARM: ❒ AUDIBLE ❒ SILENT ❒ BURGLARY ❒ ROBBERY
❒ PANIC ❒ OTHER _____

ALARM COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER(S): (_____) _____

MONITORING ALARM COMPANY: _____

24-HOUR ALARM COMPANY TELEPHONE NUMBER: (_____) _____

MISCELLANEOUS INFORMATION: _____

_____

1ST PERSON TO NOTIFY IF ALARM IS ACTIVATED

NAME: _____ KEYS? ❒ YES ❒ NO

HOME TELEPHONE: (____) _____ WORK PHONE: (____) _____

PAGER: (____) _____ CELLULAR: (____) _____

2ND PERSON TO NOTIFY IF ALARM IS ACTIVATED (OTHER THAN HOMEOWNER)

NAME: _____ KEYS? ❒ YES ❒ NO

HOME TELEPHONE: (____) _____ WORK PHONE: (____) _____

PAGER: (____) _____ CELLULAR: (____) _____

PLEASE RETURN THIS FORM TO:

PEORIA POLICE DEPARTMENT
ATTENTION: ALARM COORDINATOR
8351 West Cinnabar Ave.
PEORIA, ARIZONA 85345
PH: (623) 773-7017 FAX: (623) 825-6514
alarms@peoriaaz.gov

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