



PEORIA POLICE DEPARTMENT
BUSINESS ALARM REGISTRATION FORM

(Please PRINT Clearly)

NAME OF BUSINESS: _____ DATE: _____

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

MAILING ADDRESS: _____
(IF DIFFERENT FROM STREET ADDRESS)

TELEPHONE NUMBER(S): () _____

NORMAL BUSINESS HOURS: FROM _____ AM / PM TO _____ AM / PM

DAYS OF WEEK OPEN FOR BUSINESS: [] SUN [] MON [] TUE [] WED [] THU [] FRI [] SAT

[] YES [] NO DO YOU HAVE A SECURITY GUARD OR GUARD DOG ON THE PREMISES?
[] YES [] NO DO YOU HAVE A VISION OBSCURING DEVICE?
[] YES [] NO IS THERE HAZARDOUS MATERIALS AT THE BUSINESS? IF YES, EXPLAIN WHAT TYPE: _____

ALARM COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER(S): () _____

MONITORING ALARM COMPANY: _____

24-HOUR ALARM COMPANY TELEPHONE NUMBER: () _____

TYPE OF ALARM: [] AUDIBLE [] SILENT [] BURGLARY [] ROBBERY
[] PANIC [] OTHER _____

MISCELLANEOUS INFORMATION: _____

1ST PERSON TO NOTIFY IF ALARM IS ACTIVATED

NAME: _____

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

PAGER: () _____ CELLULAR: () _____

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

NAME: _____

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