

ALARM REGISTRATION FORM

Alarm Location:

Resident Name _____ Phone# (____) _____ - _____

Street Address _____ Date: _____

City _____ or Township _____ Zip _____

Type of Home Single: ____ Type of Home Condo/Townhouse ____ Type of Home Apartment ____

Directions to your residence if rural or difficult to locate:

Billing Info:

Billing Address Same as above: ____ Billing Address See Below: ____

Name _____ Phone # (____) _____ - _____

Billing Address: _____ PO Box # _____

City _____ State _____ Zip _____

Contact Info: Who should be contacted in case of an alarm?

	NAME	RELATIONSHIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Who will call the police if the alarm activates? ____ Alarm Co. ____ Telephone Answering Service ____ Other

ALARM INFORMATION:

Alarm Type: ____ Burglary ____ Robbery ____ Fire ____ Medical ____ Other

Explain: _____

Is Alarm: ____ Audible ____ Silent ____ Both Installation Date: _____

Alarm Company Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: (24 hours) (____) _____ - _____

What part of the premises is protected by alarm?

Special instructions to help officer check alarm: _____

PLEASE RETURN FORM TO: CARVER COUNTY SHERIFF'S OFFICE Phone: 952-361-1142
Attn: Ann B
606 East 4th St
Chaska, MN 55318