

## ALARM REGISTRATION FORM

**Alarm Location:**

Business Name \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_ Date: \_\_\_\_\_

City \_\_\_\_\_ or Township \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Name: \_\_\_\_\_

Directions to your business if rural or difficult to locate: \_\_\_\_\_  
\_\_\_\_\_

**Billing Info:**

Billing Address: \_\_\_\_\_ Same as above \_\_\_\_\_ 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: \_\_\_\_\_

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

