

INSTRUCTIONS FOR COMPLETING ALARM REGISTRATION FORM

Failure to complete this form correctly will delay your registration. The form is to be used to register commercial, school, government and residential alarm systems. One application per alarm location is required. All information must be typed or printed.

1. **Connect Type:** Indicate whether local or remote; Indicate type of sound emitted, either audible or silent; Indicate alarm reset type, either manual or automatic; Indicate date system installed; Indicate type of alarms generated, Burglary, Fire, Intrusion, Medical, Robbery, Panic or other, If other indicate what type.
2. **Location:** List name of business, or residents last and first name. List street number, name and suite or apartment number, city, state and zip code. List phone numbers and type of phone numbers, i.e. (day), (night), (cell), (pager) etc. i.e. 229-000-0000(cell) **IF MAILING ADDRESS IS DIFFERENT THAN PHYSICAL ADDRESS PLEASE LIST ON FORM I.E. PO BOX.**
3. **Responsible Party:** List person responsible for alarm (owner), last, first name, street number, name apartments, or suite, city, state, and zip code. List phone numbers and types. ie: 229-000-0000(cell). List mailing address if different than physical address.
4. **Contact Persons:** List as many persons as you wish, but at least two (2) persons who may be contacted in the event of an alarm: (use page 2 and 3 for additional contacts).
 - List names and telephone numbers, addresses and email addresses of at least two persons who are able and have agreed to;
 - a. Receive notification of alarm activation anytime.
 - b. Respond to the alarm site within thirty (30) minutes and;
 - c. Grant access to the alarm site and deactivate the alarm system, if such becomes necessary.
5. **Special Conditions:** Indicate any unusual circumstances that should be considered when public safety units respond to an alarm at the registered alarm address, such as handicapped person(s), guard dog, hazardous materials, weapons, pets etc.
6. **Alarm & Monitoring Companies:** List company names, mailing addresses, apartment or suite, city, state, zip code and phone numbers for the contact of the alarm site.
7. **Alarm Site Classification:** Indicate whether the alarm system is located at a residence, business, governmental building or apartment complex
8. **Type of Business:** Indicate what type of business, example, Fast Food, Industrial, Recreation, Church, etc.
9. **Signature Line:** The Alarm User Must sign and date the Registration Form

Once this Form is completed
Return the original copy to Central Communications C/O False Alarm Administrator
PO Box 447, Albany, Georgia 31702-0447.
You may FAX your form to (229)431-3253 or email it to LMcCracken@dougherty.ga.us
Retain a copy of this form for your files and for your alarm company.
For additional information, please call the False Alarm Administration Office
Between the hours of 9:00 AM and 4:00 PM, Monday through Friday.



CITY OF ALBANY
225 PINE AVENUE
PO BOX 447-ROOM 300A
ALBANY, GEORGIA 31702-0447

ALARM REGISTRATION

Please review this information for accuracy and complete THE CONTACT INFORMATION if none exists. Also check The address for RESPONSIBLE PARTY and make sure that this is the correct mailing address-especially if the Mailing address is different than the physical address, i.e. PO Box. For revisions, mark through incorrect data and write in The corrected data. Sign below and return this form to the False Alarm Administrator.

CONNECT: _____ LOCAL _____ REMOTE _____ SOUND: _____ SILENT _____ AUDIBLE
RESET: _____ MANUAL _____ AUTOMATIC _____ INSTALLED DATE _____ EXPIRES _____
ALARM TYPE _____ BURGLARY _____ FIRE _____ INTRUSTION _____ MEDICAL _____ OTHER _____ PANIC _____ ROBBERY

LOCATION		RESPONSIBLE PARTY	
PHYSICAL ADDRESS		MAILING ADDRESS (PO BOX)	
Name (Last, First or Business Name)		Last, First	
Str # Street Name Apt/Suite email address		Str # Street Name Apt/Suite email address	
City, State, Zip		City, State, Zip	
DAY PHONE NIGHT PHONE		DAY PHONE NIGHT PHONE	
WORK PHONE CELL PHONE Extra Phone 3		WORK PHONE CELL PHONE EXTRA PHONE	
CONTACT PERSON 1		CONTACT PERSON 2	
NAME (LAST/FIRST)		NAME (LAST/FIRST)	
STR #, STREET NAME APT/SUITE EMAIL ADDRESS		STR # STREET NAME APT/SUITE EMAIL ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
WORK PHONE CELL PHONE EXTRA PHONE		WORK PHONE CELL PHONE EXTRA PHONE	
SPECIAL CONDITIONS			
MONITORED BY		SOLD BY	
COMPANY NAME		COMPANY NAME	
ADDRESS, STR# STREET NAME APT/SUITE		ADDRESS STR # STREET NAME APT/SUITE	
CITY STATE ZIP		CITY STATE ZIP	
PHONE 1 PHONE 2		PHONE 1 PHONE 2	

TYPE OF BUSINESS: _____

Alarm Registration: is not intended to, nor will it create a contract, duty or obligation, either expressed or implied of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By registering an alarm system, the alarm user acknowledges that the Public Safety units response may be based on factors such as availability of units, priority of calls, weather conditions, traffic conditions, emergency conditions and staffing levels.

Registration Requirements: It shall be unlawful to maintain, within the City of Albany, an alarm system on commercial or residential premises, unless the person owning or operating the location has on file with the City of Albany, a valid alarm registration issued by the Alarm Administrator or designee. A separate registration is required for each alarm site (multiple alarm sites also). Fire, burglary, medical or panic alarms(any combination) on one site will be considered as one registration. Each alarm registration application must include the name, complete address, PO Box and telephone number of the person who will be the registration holder. This person will be responsible for the proper maintenance and operation of the alarm system and the payment of all fees assess under the City Ordinance.

Alarm Users Signature _____ DATE _____

Continuation for Contact Information Reg

Prepared Date:

CONTACT INFORMATION		CONTACT INFORMATION	
NAME (LAST, FIRST OR BUSINESS NAME)		NAME (LAST, FIRST OR BUSINESS NAME)	
STR#, STREET NAME, APT/SUITE	EMAIL ADDRESS	STR #, STREET NAME, APT/SUITE	EMAIL ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE 1-2	PHONE 3-4	PHONE 1-2	PHONE 3-4
CONTACT INFORMATION		CONTACT INFORMATION	
NAME (LAST, FIRST OR BUSINESS NAME)		NAME (LAST, FIRST OR BUSINESS NAME)	
STR#, STREET NAME, APT/SUITE	EMAIL ADDRESS	STR #, STREET NAME, APT/SUITE	EMAIL ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE 1-2	PHONE 3-4	PHONE 1-2	PHONE 3-4
CONTACT INFORMATION		CONTACT INFORMATION	
NAME (LAST, FIRST OR BUSINESS NAME)		NAME (LAST, FIRST OR BUSINESS NAME)	
STR#, STREET NAME, APT/SUITE	EMAIL ADDRESS	STR #, STREET NAME, APT/SUITE	EMAIL ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE 1-2	PHONE 3-4	PHONE 1-2	PHONE 3-4
CONTACT INFORMATION		CONTACT INFORMATION	
NAME (LAST, FIRST OR BUSINESS NAME)		NAME (LAST, FIRST OR BUSINESS NAME)	
STR#, STREET NAME, APT/SUITE	EMAIL ADDRESS	STR #, STREET NAME, APT/SUITE	EMAIL ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE 1-2	PHONE 3-4	PHONE 1-2	PHONE 3-4
CONTACT INFORMATION		CONTACT INFORMATION	
NAME (LAST, FIRST OR BUSINESS NAME)		NAME (LAST, FIRST OR BUSINESS NAME)	
STR#, STREET NAME, APT/SUITE	EMAIL ADDRESS	STR #, STREET NAME, APT/SUITE	EMAIL ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE 1-2	PHONE 3-4	PHONE 1-2	PHONE 3-4