

ALPHARETTA DEPARTMENT OF PUBLIC SAFETY 911 COMMUNICATIONS DIVISION



BURGLAR/FIRE ALARM REGISTRATION

Cust ID#			
Rep:			
Date:	_/_	/	

Is This A Business Operated Out Of A Residence? Business Name (as it appears on your store front): Business Phone # (daytime phone number at business): [ALARM LOCATION:Number	Street	Unit	City	Zip Code
Business Name (as it appears on your store front): Business Phone # (daytime phone number at business): [BUSINESS:				
Business Phone # (daytime phone number at business): [ls This A Business Operated Out Of	A Residence?	Yes □No		
Building Type (Mall, Business, Lab, School, etc): Business Type (Restaurant, Bar, Day Care, Bank, etc): Business Alias (another name your business is known as): RESIDENCE: Homeowner's Name (as it appears on alarm company's bill): Home Phone #: [Business Name (as it appears on your s	tore front):			
Business Type (Restaurant, Bar, Day Care, Bank, etc): Business Alias (another name your business is known as): RESIDENCE: Homeowner's Name (as it appears on alorm company's bill): Home Phone #: [Business Phone # (daytime phone nun	nber at business): [
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RESIDENCE: Homeowner's Name (as it appears on alarm company's bill): Home Phone #: [
ALARM INFORMATION: Monitoring Company Name: Phone #:[] Emergency Contact Information: (list in call order) 1. Contact Name: Cell Phone #: [] Pager Phone #: [_] 2. Contact Name: Cell Phone #: [_] 1. Contact Name: Cell Phone #: [_] 2. Contact Name: Cell Phone #: [_] Home Phone #: [_] 2. Contact Name: Cell Phone #: [_] Home Phone #: [_] 4. Contact Name: Cell Phone #: [_] Home Phone #: [_] Pager Phone #: [_] Home Phone #: [_] 1. Cell Phone #: [_] Home Phone #: [_] Pager Phone #: [_] 1. Contact Name: Cell Phone #: [_]	RESIDENCE:				
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ALARM INFORMATION: Monitoring Company Name: Phone #:[]					
Emergency Contact Information: (list in call order) Home Phone #: [
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Pager Phone #:[]	1 Contact Name			-	•
2. Contact Name: Home Phone #: [] - - - -	I. Contact Name:			-	
2. Contact Name: Cell Phone #: []					
Pager Phone #:[]	2. Contact Name:			_	=
3. Contact Name: Cell Phone #: []				-	
3. Contact Name: Cell Phone #: [
Pager Phone #:[]	3. Contact Name:				
Home Phone #: [-	
4. Contact Name: Cell Phone #: [] Pager Phone #: [] Provide any other information or hazards we need to be aware of: 1 2 3 MAIL TO: CITY OF ALPHARETTA, ATTN ALARM PERMITS, PO Box 349, ALPHARETTA, GA 30009 Information provided above will only be used in case of an emergency (fire, burglary, water leak, etc) and will be held confidential by center. Contacts may be updated at any time and copies of this form are permitted. I have read and understand the ordinance that pertains to alarms in the City of Alpharetta, the penalties for violation of the ordinance alsification of the application with regards to the permit applied for.					
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