

ALARM SYSTEM REGISTRATION

DATE:	PREMISE TYPE: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> INSTALLATION
PERMIT NUMBER:		<input type="checkbox"/> CONVERSION (Previous Permit Number) _____ <input type="checkbox"/> RENEWAL (Previous Permit Number) _____

PERMITTEE INFORMATION

Name:	Birthdate:	Race:	Sex:
Physical Address:			
City:	State:	ZIP Code:	
Email Address:			
Primary Phone:	Secondary Phone:		
Mailing Address If Different From Above:			
City:	State:	ZIP Code:	

Please describe any special circumstance that officers should be aware of when responding to alarm activations... i.e. animals on premises, residents with special needs and/or medical illness, etc.

ALARM AND MONITORING COMPANY INFORMATION

Alarm Company:	
Phone:	AESBL Number:
Monitoring Company:	
Phone:	AESBL Number:

SECONDARY CONTACT

Name:	Phone:
-------	--------

APPLICANT SIGNATURE

I ACKNOWLEDGE THAT I AM SATISFIED WITH THE INSTALLATION OF THE ABOVE ALARM SYSTEM AND THAT I HAVE A CLEAR UNDERSTANDING OF THE ALARM EQUIPMENT AND ITS FUNCTIONS. ADDITIONALLY, I HAVE RECEIVED A COPY OF THE CITY OF HUNTSVILLE ALARM ORDINANCE AND UNDERSTAND THAT IT IS MY RESPONSIBILITY FOR REPORTING ANY CHANGES OF INFORMATION ON THIS FORM TO THE HPD ALARM MANAGEMENT UNIT, AND FOR THE RENEWAL OF THE ALARM PERMIT. THE LISTED PERMIT IS VALID FOR 12 MONTHS FROM DATE OF ISSUE. PERMITS ARE NOT TRANSFERRABLE IN OWNERSHIP, SYSTEM COMPANY OR LOCATION.

Printed Name:	Signature:	Date:
---------------	------------	-------

TECHNICIAN SIGNATURE

I CERTIFY THAT I HAVE INSTALLED THE ABOVE ALARM SYSTEM IN ACCORDANCE WITH SECURITY INDUSTRY REGULATIONS AND MANUFACTURE STANDARDS.

Technician Name:	Signature:	AESBL ID Number:
------------------	------------	------------------

WHITE COPY TO HPD ALARM UNIT YELLOW COPY TO SYSTEM COMPANY PINK COPY TO ALARM USER