

CONFIDENTIAL INFORMATION – NOT A PUBLIC RECORD

MISSION ALARM REGISTRATION FORM

(ORDINANCE 1050 and 1051)

(As of 09/28/2002 all business and residential alarm systems must be registered with the Mission Police Department)

(Please Print all Information – Return to the Mission Police Department)

Resident or Business Name: _____
(Alarm System User)

Resident or Business Address: _____
(Full Street Address, Apt. or Suite No.)

Home Phone: ____ - ____ - _____ Cell Phone: ____ - ____ - _____

Bus. Phone: ____ - ____ - _____ e-mail Address: _____

Primary Contact: _____
(Name, Full Address, Area Code and Telephone Number)

Second Contact: _____
(Name, Full Address, Area Code and Telephone Number)

Alarm Service Company: _____
(Alarm System Provider)

Address: _____ Phone: ____ - ____ - _____

Does Alarm System Have an Outside / Audible Warning: YES NO

Is Audible Warning Alert Timed: YES NO

Specify Intervals: _____

Does Alarm System Automatically Reset: YES NO

How Long Before Reset: _____

Will Alarm Co. Notify Police to Disregard Call When Necessary: YES NO

Alarm Covers: Door(s) Window(s) Glass Break Safe / Vault Perimeter
Roof Interior Motion Interior Noise Burglary Hold-Up
Panic Medical Duress Trouble Tamper Fire
Smoke CO2 Intrusion ATM A. W. A. R. E.

List Hazardous Material inside the residence or business on reverse side of this form.

Registration No. _____ Issue Date _____ Exp. Date _____