



PEORIA POLICE DEPARTMENT RESIDENTIAL ALARM REGISTRATION FORM

(Please PRINT Clearly)

NAME: _____ DATE: _____

STREET ADDRESS: _____ PEORIA, AZ _____
(ZIP CODE)

MAILING ADDRESS: _____
(IF DIFFERENT FROM STREET ADDRESS)

HOME TELEPHONE: (_____) _____ WORK TELEPHONE: (_____) _____

PAGER NUMBER: (_____) _____ CELLULAR NUMBER: (_____) _____

YES NO DO YOU HAVE A VISION OBSCURING DEVICE?

TYPE OF ALARM: AUDIBLE SILENT BURGLARY ROBBERY
 PANIC OTHER _____

ALARM COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER(S): (_____) _____

MONITORING ALARM COMPANY: _____

24-HOUR ALARM COMPANY TELEPHONE NUMBER: (_____) _____

MISCELLANEOUS INFORMATION: _____

1ST PERSON TO NOTIFY IF ALARM IS ACTIVATED

NAME: _____ KEYS? YES NO

HOME TELEPHONE: (_____) _____ WORK PHONE: (_____) _____

PAGER: (_____) _____ CELLULAR: (_____) _____

2ND PERSON TO NOTIFY IF ALARM IS ACTIVATED (OTHER THAN HOMEOWNER)

NAME: _____ KEYS? YES NO

HOME TELEPHONE: (_____) _____ WORK PHONE: (_____) _____

PAGER: (_____) _____ CELLULAR: (_____) _____

PLEASE RETURN THIS FORM TO:

PEORIA POLICE DEPARTMENT
ATTENTION: ALARM COORDINATOR
8343 WEST MONROE STREET
PEORIA, ARIZONA 85345
(623) 773-7061
alarms@peoriaaz.com