

**VILLAGE OF LYNWOOD
ALARM SYSTEM APPLICATION AND REGISTRATION**

Name of Business or Resident: _____

Address of Business or Residence: _____

Phone: _____ Work Phone: _____

Alarm System Company _____

THE SYSTEM RINGS AT THE FOLLOWING LOCATION:

Please circle all that apply: POLICE DEPARTMENT CENTRAL STATION

TYPE OF ALARM

Please circle all that apply: FIRE BURGLAR PANIC HOLD-UP MEDICAL

Who is the owner of the building **if different from above?** (if you rent or lease)

Name, Address & Phone #: _____

LIST TWO PERSONS WHO HAVE KEYS AND KNOW HOW TO OPERATE YOUR ALARM:

1. Name, Address & Phone #: _____

2. Name, Address & Phone #: _____

Are there any contents in the building that could be hazardous to
Police or Fire personnel? YES NO
(Circle One)

IF YES, PLEASE LIST: _____

I hereby state that all information is true and correct:

Printed Name: _____

Signature _____ Date: _____

Residential: \$25.00 Business: \$35.00

***Above prices apply if system is renewed prior to June 30th or within 30 days of new installation of alarm system.
Fee will double after June 30th.***