

Application For Alarm Registration  
ALARM SYSTEM  
Village of Lynwood

Name of Business or Resident: \_\_\_\_\_

Address of Business or Residence: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alarm System Company: \_\_\_\_\_

THE SYSTEM RINGS AT THE FOLLOWING LOCATION:

Please check all that applies:

\_\_\_\_\_ POLICE DEPARTMENT \_\_\_\_\_ CENTRAL STATION

Please check all that applies: \_\_\_\_\_ FIRE \_\_\_\_\_ BURGLAR \_\_\_\_\_ PANIC

Who is the Owner of Building (If Rented or Leased) If different from above.

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 a hazard to Police or Fire: YES NO  
(Circle One)

IF YES, PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_

All information is true and correct:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_