

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: _____