



# PEORIA POLICE DEPARTMENT ALARM REGISTRATION APPLICATION

(PLEASE PRINT CLEARLY)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(HOME OCCUPANT/BUSINESS/SCHOOL NAME)

PREMISES ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM STREET ADDRESS) CITY STATE ZIP CODE

PRIMARY RESPONDER'S NAME: \_\_\_\_\_

PRIMARY RESPONDER'S EMAIL ADDRESS: \_\_\_\_\_

HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

ALTERNATE RESPONDING PERSON (NAME) \_\_\_\_\_

HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

ALARM INSTALLATION COMPANY: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ALARM COMPANY ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

ALARM MONITORING COMPANY: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

**\*PLEASE ENCLOSE A CHECK OR MONEY ORDER OF \$10\***

*PAYABLE TO THE CITY OF PEORIA*

*FOR ANNUAL ALARM SUBSCRIBER REGISTRATION (CITY OF PEORIA CITY CODE SECTION 2-220)*

**\*\*PLEASE NOTE – YOU WILL NOT RECEIVE A PERMIT OR PERMIT # – THIS IS A REGISTRATION ONLY\*\***

**MAIL THE COMPLETED FORM AND ANY APPLICABLE FEES TO:**

PEORIA POLICE DEPARTMENT  
ATTENTION: ALARM COORDINATOR  
8351 WEST CINNABAR AVENUE  
PEORIA, AZ 85345

**CONTACT INFORMATION:**

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