



PEORIA POLICE DEPARTMENT BUSINESS ALARM REGISTRATION FORM

(Please PRINT Clearly)

NAME OF BUSINESS: _____ DATE: _____

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

MAILING ADDRESS: _____
(IF DIFFERENT FROM STREET ADDRESS)

TELEPHONE NUMBER(S): (_____) _____

NORMAL BUSINESS HOURS: FROM _____ AM / PM TO _____ AM / PM

DAYS OF WEEK OPEN FOR BUSINESS: SUN MON TUE WED THU FRI SAT

YES NO DO YOU HAVE A SECURITY GUARD OR GUARD DOG ON THE PREMISES?
 YES NO DO YOU HAVE A VISION OBSCURING DEVICE?
 YES NO IS THERE HAZARDOUS MATERIALS AT THE BUSINESS? IF YES, EXPLAIN WHAT TYPE: _____

ALARM COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER(S): (_____) _____

MONITORING ALARM COMPANY: _____

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

TYPE OF ALARM: AUDIBLE SILENT BURGLARY ROBBERY
 PANIC OTHER _____

MISCELLANEOUS INFORMATION: _____

1ST PERSON TO NOTIFY IF ALARM IS ACTIVATED

NAME: _____

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

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

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

NAME: _____

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

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

PLEASE RETURN THIS FORM TO:

PEORIA POLICE DEPARTMENT
ATTENTION: ALARM COORDINATOR
8351 West Cinnabar Ave.
PEORIA, ARIZONA 85345
PH: (623) 773-7017 Fax: (623) 773-7657
alarms@peoriaaz.com