



**City of Kingman**  
**Kingman Police Department**  
 2730 E. Andy Devine Avenue, Kingman, AZ 86401  
 Phone: (928) 753-2191 Fax: (928) 753-2542

**ALARM SUBSCRIBER REGISTRATION FORM**

**OFFICE USE ONLY**

Date Issued \_\_\_\_\_ Amount Paid \_\_\_\_\_ CK # \_\_\_\_\_

**SUBSCRIBER INFORMATION (Please Print Clearly or Type)**

\_\_\_\_\_  
 Name of Resident(s) or Name of Business (\_\_\_\_\_) Telephone Number at Location \_\_\_\_\_

\_\_\_\_\_  
 Address of Alarm Location **TYPE:** Residence \_\_\_\_\_ Business \_\_\_\_\_  
 Business Hours \_\_\_\_\_

**SUBSCRIBER MAILING ADDRESS**

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
 Name of Residence or Business Owner (\_\_\_\_\_) Alternative Telephone Number For Owner \_\_\_\_\_

**ALARM COMPANY AND/OR MONITORING COMPANY**

Installed/Service by: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Alarm Company Telephone Number

Monitored by: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Monitoring Company Telephone Number

**TYPE OF ALARM (Check all that apply)**

Burglar Alarm \_\_\_ Panic Alarm \_\_\_ Audible \_\_\_ Silent \_\_\_ Date of Installation \_\_\_\_\_

Who Owns Alarm Equipment \_\_\_\_\_

**RESPONSIBLE REPRESENTATIVES**

List two responsible representatives (other than the applicant) who will respond to an alarm activation to assist the Police in determining the cause of the alarm activation and to secure the premises.

\_\_\_\_\_  
 Name (\_\_\_\_\_) Day Telephone (\_\_\_\_\_) Night Telephone

\_\_\_\_\_  
 Name (\_\_\_\_\_) Day Telephone (\_\_\_\_\_) Night Telephone

**This form must be filled out entirely or it will not be accepted. The registration fee of \$25.00 MUST be included with this form. Please submit your registration and fee to your alarm company.**

\_\_\_\_\_  
 Applicant Signature Date

*Please be aware that registration may not take effect for up to two (2) weeks.*