



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

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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.