

City of Utica

ALARM REGISTRATION FORM

Business Name: _____
Business Address: _____
Business Phone: _____ Fax _____

Business Owner's Name: _____
Business Owner's Address: _____
Business Owner's Address: _____
Business Owner's Phone: _____ Fax _____

Property Owner's Name: _____
Property Owner's Address: _____
Property Owner's Address: _____
Property Owner's Phone: _____ Fax _____

CONTACT NAME:

Please list **all personnel** who have keys and will respond to the property after business hours.

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

BURGLARY & FIRE ALARM INFORMATION:

Which of the following alarms do you have?

Fire Alarm yes no

Hold Up/Panic Alarm yes no

Burglary Alarm yes no

Other _____

Describe the location of all Hold Up or Burglar Alarms (doors, windows, etc.)

Is your alarm monitored: yes no

If your alarm system reports by zone, attach a complete list describing and the location of each zone (i.e. zone 16 - burglary = rear door)

Alarm Company's Name: _____

Alarm Company's Address: _____

Alarm Company's Phone: _____

Will the Alarm Company notify one of the contact names listed after contacting the Police Department?

yes no

I have read the ordinance provided and have full knowledge and understanding of the provisions, duties and liabilities under this ordinance.

(signature)

*Please mail this application and the \$25.00 registration fee to:
City of Utica – Building Department
7550 Auburn Rd.
Utica, MI 48317*