



City of Kingman

Kingman Police Department

2730 E. Andy Devine Avenue, Kingman, AZ 86401

Phone: (928) 753-2191 Fax: (928) 753-2542

ALARM SUBSCRIBER RENEWAL FORM

OFFICE USE ONLY

Date Issued _____ Amount Paid _____ CK # _____ Permit # _____

SUBSCRIBER INFORMATION (Please Print Clearly or Type)

 Name of Resident(s) or Name of Business Telephone Number at Location (____) _____

 Address of Alarm Location Suite # TYPE: Residence Business

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

RESPONSIBLE REPRESENTATIVE

List one responsible representative (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 (____) _____

This form must be filled out entirely or it will not be accepted. The renewal fee of \$15.00 MUST be included with this form. Please submit your renewal form and fee to the Kingman Police Department. Make your check payable to the City of Kingman.

 Subscriber Signature Date

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

KPD COPY