



**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**

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**OFFICE USE ONLY**

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

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**SUBSCRIBER INFORMATION**

TYPE: Residence  Business

\_\_\_\_\_  
Name of Resident or Name of Business

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number of Location

\_\_\_\_\_  
Address of Alarm Location

\_\_\_\_\_  
Suite #

(\_\_\_\_\_) \_\_\_\_\_  
Alternative Telephone Number

\_\_\_\_\_  
Resident Date of Birth - Required (n/a if business)

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**SUBSCRIBER MAILING ADDRESS**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State & Zip

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**ALARM COMPANY AND/OR MONITORING COMPANY**

\_\_\_\_\_  
Installed by

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Monitored by

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

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**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

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

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This form must be filled out entirely. The registration fee of \$25.00 must be included with this form. Please submit your registration 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 30 days.*