



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 #** _____ **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 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 two (2) weeks.

KPD COPY