Decatur Police Department
Records Division
P O Box 488
Decatur, AL 35602

ALARM REGISTRATION FORM

REGISTRATION DATE: _____ PERMIT NUMBER: _____

◇ NEW REGISTRATION ◇ UPDATE REGISTRATION

PERMITEE: _____
LAST, FIRST NAME (If Residence, list name of person living in home. If Business, include name of business and DBA if applicable)

CONTACT PHONE NUMBERS: HOME: _____ MOBILE: _____

ADDRESS: _____
Where alarm is installed.

ALARM LOCATION TYPE: ◇RESIDENTIAL ◇BUSINESS INSTALLED DATE: _____

ALARM INSTALLED BY: _____ PHONE: _____
Alarm Company name.

ALARM TYPE: ◇ *BURGLARY* ◇*ROBBERY* ◇*FIRE* ◇*ENVIRONMENT* ◇*PANIC* ◇ *OTHER*_____
Check all that apply.

MONITORING COMPANY: _____ PHONE: _____
If not monitored enter N/A

Contacts if alarm is activated:

Name: _____ 1st Phone #_____ 2nd Phone # _____

Name: _____ 1st Phone #_____ 2nd Phone # _____

Name: _____ 1st Phone #_____ 2nd Phone # _____

Registration Decal must be affixed on or directly adjacent to the main door of the alarmed premises.
Permit holder is responsible to keep alarm registration office advised of any changes of information on this form.
Permit is not transferable in name, ownership or location.

Applicant affirms by signature that all information provided is accurate, true and correct:

_____
Applicant's Signature

RECEIVED BY: _____ **PAYMENT:** ◇**CASH** ◇**CHECK #**_____ **AMOUNT$**_____ **RECEIPT #**_____

Form #DPD20121018