ALPHARETTA DEPARTMENT OF PUBLIC SAFETY
911 COMMUNICATIONS DIVISION

Clear Data | Print Form

BURGLAR/FIRE ALARM REGISTRATION

Cust ID#_____
Rep:_____
Date:____/____/____

ALARM LOCATION:_____
Number Street Unit City Zipcode

BUSINESS:

Is This A Business Operated Out Of A Residence? ☐Yes ☐No

Business Name (as it appears on your store front): _____

Business Phone # (daytime phone number at business): [_____]_____-_____

Building Type (Mall, Business, Lab, School, etc): _____

Business Type (Restaurant, Bar, Day Care, Bank, etc): _____

Business Alias (another name your business is knows as): _____

RESIDENCE:

Homeowner's Name (as it appears on alarm company's bill): _____

Home Phone # : [_____]_____-_____ Cell Phone #: [_____]_____-_____

ALARM INFORMAITON:

Type (Check All That Apply): ☐Burglar ☐Panic/Hold Up ☐Fire ☐Medical ☐Carbon Monoxide

Monitoring Company Name:_____ Phone #:[_____]_____-_____

Emergency Contact Information:

Contact Name:_____	Home Phone #: [_____]_____-_____ Cell Phone #: [_____]_____-_____ Pager Phone #:[_____]_____-_____
Contact Name:_____	Home Phone #: [_____]_____-_____ Cell Phone #: [_____]_____-_____ Pager Phone #:[_____]_____-_____
Contact Name:_____	Home Phone #: [_____]_____-_____ Cell Phone #: [_____]_____-_____ Pager Phone #:[_____]_____-_____
Contact Name:_____	Home Phone #: [_____]_____-_____ Cell Phone #: [_____]_____-_____ Pager Phone #:[_____]_____-_____

Provide any other information or hazards we need to beware of:

1
2
3

MAIL TO: CITY OF ALPHARETTA , ATTN ALARM PERMITS, 2400 LAKEVIEW PKWY STE 175, ALPHARETTA, GA 30009

Information provided above will only be used in case of an emergency (fire, burglary, water leak, etc) and will be held confidential by the E911 center. Contacts may be updated at any time and copies of this form are permitted.

I have read and understand the ordinance that pertains to alarms in the City of Alpharetta, the penalties for violation of the ordinance and the falsification of the application with regards to the permit applied for.

_____ _____ _____/____/_____
Signature Printed Name Date