

Please Mail Registration To:
Fulton County Police Department
Attn: Alarm Unit
130 Peachtree Street, SW
Atlanta, GA 30303



POLICE DEPARTMENT
ALARM SUBSCRIBER REGISTRATION FORM

1. Business Name/Residential Subscriber Name _____
Address of Alarmed Location _____
City, State, Zip _____ Phone Number _____
2. Business Owner or Residence Owner Name _____
Mailing Address _____
City, State, Zip _____ Phone Number _____
3. Alarm Company _____
Mailing Address _____
City, State, Zip _____ Phone Number _____
4. Monitoring Company _____
Mailing Address _____
City, State, Zip _____ Phone Number _____
5. Person(s) or agent(s) responsible for payment of assessments, when applicable: _____

6. Contact Person(s)

<u>Name</u>	<u>Phone</u>
A. _____	_____
B. _____	_____
7. Is Alarm at Location? Yes or No (circle one)
8. Alarmed Location Is: Business or Residence (circle one)
9. Is Alarm Shared by Other Business(es)? Yes or No (circle one)
10. Alarm Manufacturer _____
11. Alarm type: Silent or Audible (circle one)
12. Date Alarm Installed _____
13. Date _____ Applicant Signature _____

FOR OFFICIAL USE ONLY

THOR# _____