

VILLAGE OF LYNWOOD
ALARM SYSTEM APPLICATION AND REGISTRATION

Name of Business or Resident: _____

Address of Business or Residence: _____

Phone: _____

Alarm System Company: _____

THE SYSTEM RINGS AT THE FOLLOWING LOCATION:

Please circle all that apply: POLICE DEPARTMENT CENTRAL STATION

TYPE OF ALARM:

Please circle all that apply: FIRE BURGLAR PANIC HOLD-UP MEDICAL

WHO IS THE OWNER OF THE BUILDING IF DIFFERENT FROM ABOVE?

Name: _____ Phone: _____

Address: _____ City _____ State: _____

LIST TWO KEY HOLDERS WHO KNOW HOW TO OPERATE YOUR ALARM:

Name: _____ Phone: _____

Address: _____ City _____ State: _____

Name: _____ Phone: _____

Address: _____ City _____ State: _____

BUILDING CONTENTS HAZARDOUS TO POLICE OR FIRE PERSONNEL?

Please circle one: YES NO

If Yes, Please List: _____

I HEREBY STATE THAT ALL INFORMATION IS TRUE AND CORRECT:

Printed Name: _____

Signature: _____ Date: _____

\$25.00 RESIDENTIAL \$35.00 COMMERCIAL FEE (IF PURCHASED PRIOR TO July 31st)
\$50.00 RESIDENTIAL \$75.00 COMMERCIAL FEE (IF PURCHASED AFTER July 31st)