

**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: \_\_\_\_\_

RENEWED ANNUALLY