

ALARM REGISTRATION FORM

Franklin Police Department

32311 Franklin Road

Franklin, MI 48025

Phone (248) 626-9672 Fax (248) 538-5450

Alarm System User

Business Name (if applicable): _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Suite: _____ Other Alarm Site Information: _____

Phone: _____ Alt.: _____ Email: _____

Alarm Panel Location: _____

Alarm Type: Panic _____ Break-In _____ Fire _____ Audible _____ Silent _____

Billing Information (If different from above)

Business Name (if applicable): _____

First Name: _____ Last Name: _____ Title (check): Mr. Mrs. Ms.

Alarm Company

Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Contact Person: _____

Job Title: _____ Email: _____

Monitoring Company (If different from above)

Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Contact Person: _____

Job Title: _____ Email: _____

Emergency Contact Information

	Name	Relation	Phone	Alternate Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____