



CITY OF WEBSTER, TEXAS

ALARM REGISTRATION FORM

ADDRESS/OWNER INFORMATION WHERE THE ALARM IS LOCATED:

Property Type (circle one): Residential Commercial Financial School Government

Name: _____

Street Address: _____ Suite/Apartment #: _____

City, State, Zip Code: _____

Telephone #: _____ Email address: _____

Name/Mailing/Billing Address (if different from above): _____

City, State, Zip Code: _____

ALARM COMPANY INFORMATION:

Alarm Company Name: _____ License #: _____

Address: _____

Telephone #: _____ Local Telephone #: _____

MONITORING COMPANY INFORMATION:

Monitoring Company Name: _____ License #: _____

Address: _____

Telephone #: _____ Local Telephone #: _____

EMERGENCY CONTACTS:

Please list at least two names and phone numbers of persons who will respond with keys to the business or residence if the owner is not available. These individuals should be able to reset the alarm system and act as your representative in assisting police, fire, or emergency medical personnel at the alarm location.

Name: _____ Phone #1: _____ Phone #2: _____

Name: _____ Phone #1: _____ Phone #2: _____

Mail completed form along with the payment to:

City of Webster
101 Pennsylvania Avenue
Webster, TX 77598