



# THE CITY OF BANNING, CALIFORNIA

## ALARM REGISTRATION FORM

Registration Fee : \$20

### ADDRESS/OWNER INFORMATION WHERE THE ALARM IS LOCATED

Street Address: \_\_\_\_\_ Suite/Apartment #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of Business/Residence: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing or Billing Address if different from above

Name: \_\_\_\_\_ Attention: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**TYPE OF ALARM**  Burglary  Robbery  Fire  Medical

(check one)

**Property Type**  Residential  Commercial  Exempt

(check one)

Alarm Company Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: City, State, Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ Local Telephone #: \_\_\_\_\_

Monitoring Company Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: City, State, Zip \_\_\_\_\_

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 persons should be capable of resetting the system and acting as your agent to assist Police Department at the alarm site.

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mail completed form along with the payment to:

City of Banning - False Alarm Program

P.O. Box 1177

Banning, CA 92220