



THE CITY OF BANNING, CALIFORNIA

ALARM REGISTRATION FORM

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
125 E. Ramsey Street
Banning, CA 92220