



# PEORIA POLICE DEPARTMENT RESIDENTIAL ALARM REGISTRATION FORM

(Please PRINT Clearly)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PEORIA, AZ \_\_\_\_\_  
(ZIP CODE)

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM STREET ADDRESS)

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ WORK TELEPHONE: (\_\_\_\_) \_\_\_\_\_

PAGER NUMBER: (\_\_\_\_) \_\_\_\_\_ CELLULAR NUMBER: (\_\_\_\_) \_\_\_\_\_

YES  NO DO YOU HAVE A VISION OBSCURING DEVICE?

TYPE OF ALARM:  AUDIBLE  SILENT  BURGLARY  ROBBERY  
 PANIC  OTHER \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER(S): (\_\_\_\_) \_\_\_\_\_

MONITORING ALARM COMPANY: \_\_\_\_\_

24-HOUR ALARM COMPANY TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

MISCELLANEOUS INFORMATION: \_\_\_\_\_

### 1<sup>ST</sup> PERSON TO NOTIFY IF ALARM IS ACTIVATED

NAME: \_\_\_\_\_ KEYS?  YES  NO

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

PAGER: (\_\_\_\_) \_\_\_\_\_ CELLULAR: (\_\_\_\_) \_\_\_\_\_

### 2<sup>ND</sup> PERSON TO NOTIFY IF ALARM IS ACTIVATED (OTHER THAN HOMEOWNER)

NAME: \_\_\_\_\_ KEYS?  YES  NO

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

PAGER: (\_\_\_\_) \_\_\_\_\_ CELLULAR: (\_\_\_\_) \_\_\_\_\_

PLEASE RETURN THIS FORM TO:

PEORIA POLICE DEPARTMENT  
ATTENTION: ALARM COORDINATOR  
8351 West Cinnabar Ave.  
PEORIA, ARIZONA 85345  
PH: (623) 773-7017 FAX: (623) 773-7657  
[alarms@peoriaaz.com](mailto:alarms@peoriaaz.com)