



PEORIA POLICE DEPARTMENT ALARM REGISTRATION APPLICATION

(Please PRINT Clearly)

NAME: _____ DATE: _____
(HOME OCCUPANT-LAST NAME/BUSINESS/SCHOOL NAME)

PREMISE ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS: _____
(IF DIFFERENT FROM STREET ADDRESS) CITY STATE ZIP CODE

PRIMARY RESPONDER'S NAME: _____

PRIMARY RESPONDER'S EMAIL INTERNET ADDRESS: _____

HOME: (____) _____ WORK: (____) _____ CELL: (____) _____

ALTERNATE RESPONDING PERSON (NAME) _____

HOME: (____) _____ WORK: (____) _____ CELL: (____) _____

ALARM INSTALLATION COMPANY: _____

TELEPHONE NUMBER: (____) _____ ALARM COMPANY EMAIL: _____

ALARM COMPANY ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

ALARM MONITORING COMPANY: _____

TELEPHONE NUMBER: (____) _____

PLEASE ENCLOSE A CHECK OR MONEY ORDER FOR \$10
PAYABLE TO THE CITY OF PEORIA

FOR ANNUAL ALARM SUBSCRIBER REGISTRATION (CITY OF PEORIA CITY CODE SECTION 2-220)

****PLEASE NOTE - YOU WILL NOT RECEIVE A PERMIT OR PERMIT # - THIS IS A REGISTRATION ONLY****

MAIL THE COMPLETED FORM AND ANY APPLICABLE FEES TO:

**PEORIA POLICE DEPARTMENT
ATTENTION: ALARM COORDINATOR
8351 WEST CINNABAR AVE.
PEORIA, ARIZONA 85345**

**CONTACT INFORMATION:
PH: (623) 773-7017 FAX: (623) 825-6514
ALARMS@PEORIAAZ.GOV**