

TOWN OF DANVILLE ALARM SYSTEM REGISTRATION FORM

Homeowner/Business _____

Address _____

Phone Number _____ Alternate Number _____

E-mail address _____

Alarm Company _____

Phone Number _____

Type of alarm _____ Business _____ Residential
 _____ Burglary _____ Fire

Please list the name and telephone number of at least two people which are able and have agreed to: (a) Receive notifications at any time. (b) Come to the alarm site within 30 minutes after receiving a request from the police department. (c) Grant access to the alarm site and deactivate the alarm if such becomes necessary.

Name	Number	Alt. Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date _____

Mail payment to: Danville Metropolitan Police Department
 49 North Wayne Street
 Danville, Indiana 46122