

CITY OF PHOENIX ALARM SUBSCRIBER / ALARM COMPANY INFORMATION FORM Please use ink pen - Print clearly and press firmly

FOR:	Nan	ne of Resid	lence / E	Business: (This w	ill be the same name ar	d address the alarm company	will use for dispatch)
	Address of Alarm Location:						
	Date of Alarm Installation:						
	City of Phoenix Alarm Business License Number:				se Number:		(Begins with "P" or "R")
							arm Agent Number:
	Name of Technician (Print Na					ne)	
	iuei	illication ve	erilled b	y Subscriber.	Subscriber initial	(VI	ew Agent license)
				ext to each ite	m after you have	e read and clearly un	derstand the statement:
Alarm C		IT IS TH	2.	of this alarm systematch, space understands that the items listed the importance Alarm Company A. City of Ph. B. Alarm Su. C. "False Alarm Company (along with the alarm system. Subscriber will Alarm Company Subscriber und (30) minutes of Alarm Company City Code on Alsections ABALARM HEARI	stem. Subscriber und detection, central statit is their responsibiliabove. Alarm Comparts of preventing false alary has provided subscriber Permit Applicarms, A Million Dollar Police Department Fata RESPONSIBIL And the Alarm Subscriber Permit Subscriber Permit Subscriber Permit Applicarms, A Million Dollar Police Department Fata RESPONSIBIL And the Informed Subscriber Submit the Alarm Submit the Alarm Submit the Alarm Subscriber Subscri	lerstands operation of the lation procedures and cancellity to train ALL persons whany has explained reasons arms. Tiber with a Phoenix Police cle IX on Alarm Systems cation Problems" Brochure les Alarm Prevention Programment Properties That the Alarm Subscriber that the Alarm Subscriber Permit Application one of the following: The Subscriber Permit Application and the Responsible Party must respondent Permit Application and the Subscriber Permit Application and the Responsible Party must respondent Permit Application and the Subscriber Permit Application and the Responsible Party must respondent Permit Application and the Subscriber Permit Application and the Responsible Party must respondent Permit Per	S PACKET riber Permit Application must be submitted thin 10 days of the installation of a new
Print Name of Alarm Company Representative						Printed Name of S	Subscriber
Signature of Alarm Company Representative						Signature of Subs	scriber
Name of Alarm Business						Today's Date	