

EDMONDS POLICE DEPARTMENT ALARM REGISTRATION

INSTRUCTIONS: Choose Section A or B below and complete.

SECTION A – Residential Alarm

Address of Alarmed Location _____
Address City State Zip

Name of Residence Owner _____

Phone Number at Alarm Location _____ Alternate Phone Number (work) for Owner _____

SECTION B – Commercial (Business) Alarm:

Name of Alarmed Business _____

Address of Alarmed Business _____
Address City State Zip

Name of Business Owner _____

Phone Number at Business _____ Phone Number for Owner of Business _____

Residential Address of Owner _____
Address City State Zip

Name of Your Alarm Company _____

Phone Number of Company _____ Monitored Alarm? Yes No

If yes, Name and Phone Number of Monitoring Company _____

EMERGENCY CONTACTS

**It is important for Police to have an emergency contact in your absence.
Please have the authorized person sign this form as acceptance of responsibility.**

Printed Name	Phone Number	Their Signature

As the owner or person responsible for the listed alarm, pursuant to Edmonds City Code 5.20, I authorize the Edmonds Police Department to disconnect my alarm when required by this chapter. I further understand that I must maintain on file, at the Edmonds Police Department, emergency contact information containing the name(s) and phone number(s) of person(s) authorized to enter my premises (or allow police to enter) for purposes of deactivating this alarm.

Subscriber Signature

Date