

ALARM REGISTRATION FORM
STEPHENSON COUNTY SHERIFF'S DEPARTMENT
RESIDENTIAL

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE DAYS _____ NIGHTS _____ WORK _____

TYPE OF ALARM CIRCLE ALL THAT APPLY

MOTION DOORS WINDOWS FIRE

NAME/ADDRESS OF ALARM CO. _____

PHONE NO. _____

HOW MANY PEOPLE NORMALLY OCCUPY RESIDENCE? _____

HOW MANY PETS? DOGS _____ FRIENDLY? YES NO

CATS _____ OTHER _____

ARE THERE ANY HAZARDOUS CHEMICALS, EXPLOSIVES (SUCH AS GUN POWDER) KEPT IN
OR NEAR THE RESIDENCE WHERE THE ALARM IS LOCATED ? YES NO
IF YES PLEASE IDENTIFY CHEMICAL/EXPLOSIVE AND LOCATION KEPT

IF THE SHERIFF'S OFFICE IS NOTIFIED THAT AN ALARM IS GOING OFF AT THE RESIDENCE
LISTED ON THIS APPLICATION PLEASE LIST ATLEAST 3 PEOPLE WHO CAN BE CONTACTED
WITH KEYS & ALARM CODE WHO CAN CHECK & SECURE RESIDENCE IF NECESSARY AFTER
OFFICERS ARRIVE:

1) NAME _____ PHONE _____

2) NAME _____ PHONE _____

3) NAME _____ PHONE _____

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANTS MUST NOTIFY THE SHERIFF'S OFFICE OF ANY CHANGES BY FILLING OUT AND
SUBMITTING A NEW APPLICATION