



# Gilbert Police Department

Alarm Unit  
75 E Civic Center Drive  
Gilbert Arizona 85296 480-635-7459

Permit#

# Registration Form

Residential  Non-Residential

## Alarmed Location

Check if Senior Citizen (65+)  DOB \_\_\_\_\_

Name \_\_\_\_\_ email address \_\_\_\_\_

Alarm Address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ phone 1 \_\_\_\_\_ phone 2 \_\_\_\_\_

## Responsible Party

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_ Phone 4 \_\_\_\_\_

## Contact Names

### Contact 1

Name \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_ Phone 4 \_\_\_\_\_

### Contact 2

Name \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_ Phone 4 \_\_\_\_\_

Alarm Monitoring Company  Not Monitored  Burglary  Panic  Robbery

## Alarm Installation Company

Please list any special needs or concerns in your home, pets, guard dogs, physical limitations, medical alerts, elderly persons or weapons.  
Businesses, list type of business conducted.

I hereby certify that the above information is accurate to the best of my knowledge. I also accept complete responsibility for any and all charges and fees accrued by my alarm system in accordance with the Town of Gilbert Alarm Code 42-76.

Signature \_\_\_\_\_ (A \$5 filing fee required with registration unless Senior age 65+)

Date \_\_\_\_\_