



Chamblee Police Department

False Alarm Coordinator
3518 Broad Street
Chamblee, GA 30341

Account # _____

Registration Form



INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Return to the address shown at the bottom of this form or fax to (770) 986-5017.

1 Alarmed Location

Occupant Name or Business Name _____

Address _____ Suite/Apt# _____

City _____ State _____ Zip _____

2 Responsible Party

Name _____ Phn1 _____

_____ Phn2 _____

Address _____ Phn3 _____

_____ Phn4 _____

City _____ State _____ Zip _____

3 Contact Names

Contact 1

_____ Phn1 _____

_____ Phn2 _____

Name _____

Contact 2

_____ Phn1 _____

_____ Phn2 _____

Name _____

4 Additional Information

Date Installed/Activated _____ Automatic Reset

Audible

Special Conditions/ Hazards _____

5 Alarm Companies Not Monitored

Monitored By _____ Phn1 _____

I understand that, in accordance with City of Chamblee Georgia Chapter 58, applicant is financially responsible for all charges and penalties specified in this section.

Signature _____ Date _____

NOTE: If information provided in application changes, you must notify the False Alarm Coordinator within ten (10) working days.

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