

City of Dearborn Heights

ALARM REGISTRATION FORM

Residential

Business

Date Completed _____

Applicant Name: _____

Residential Address: _____

City: _____ Telephone Number: _____ Cell #: _____

(BUSINESS ONLY)

Name of Business: _____

Business Address: _____

Business Telephone Number: _____

(ALARM SYSTEM INFORMATION)

Name of Alarm Company: _____

Alarm Company Phone Number: _____

PERSONS TO BE NOTIFIED IN CASE OF AN EMERGENCY

Name: _____ Phone: _____ Alternate Phone: _____

Address: _____ Key to Building/Home YES NO

Name: _____ Phone: _____ Alternate Phone: _____

Address: _____ Key to Building/Home YES NO

Name: _____ Phone: _____ Alternate Phone: _____

Address: _____ Key to Building/Home YES NO

Return completed form to:

City Clerk, 6045 Fenton, Dearborn Heights, MI 48127

questions: (313) 791-3432