



# FLORENCE POLICE DEPARTMENT

425 N. Pinal St. / P.O. Box 988 Florence, AZ 85132

Bus: (520) 868-7681 • Fax: (520) 868-0158

**Daniel Hughes, Chief of Police**

## ALARM USER REGISTRATION

### ALARM LOCATION INFORMATION (Please Print Clearly)

\_\_\_\_\_  
Name of Residence or Business (\_\_\_\_\_) \_\_\_\_\_  
Location Phone Number

Alarm Address: \_\_\_\_\_  
(one address only) Street Address Suite/Apt/Unit #

\_\_\_\_\_  
City State Zip Code

TYPE: Residence: \_\_\_\_ Business: \_\_\_\_ Normal Hours/Days \_\_\_\_\_ Cleaning Crew \_\_\_\_

### OBSTACLES OR HAZARDS

Dog(s) \_\_\_\_ Chemicals \_\_\_\_ Firearms \_\_\_\_ Explosives \_\_\_\_ Fenced Compound \_\_\_\_ Gate Code \_\_\_\_

RESPONSIBLE KEYHOLDERS 2 responsible persons who will respond to alarms & assist Police Dept to determine alarm cause & secure premises

Key holder 1 Key holder 2 Security Personnel

Name: \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Night/Cell Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### ALTERNATE MAILING ADDRESS

Attn: \_\_\_\_\_ Part-Time Resident? Yes \_\_\_\_ No \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Alternate Phone Alternate Cell

### ALARM COMPANY AND/OR MONITORING COMPANY

Alarm Installation/Service Company Alarm Monitoring Company

Company Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Forms can be mailed to Florence Police Department. If you have any questions please contact the Communications Supervisor at 520-868-7656.

\_\_\_\_\_  
Applicant Signature Date

MUST BE RENEWED EVERY YEAR ON JANUARY 1<sup>ST</sup>.