# FLORENCE POLICE DEPARTMENT
# ALARM REGISTRATION

**Alarm Location:** ☐ **Business** ☐ **Residential**

**Alarm systems must be registered with the Florence Police Department within ten (10) days of the completion of installation or reinstallation**

**Business Name:** _____

**Alarm Type:** ☐ **Burglary** ☐ **Panic** ☐ **Fire**

**Address where alarm is installed**

**Address:** _____ **City:** **Florence** **State:** **AZ** **Zip:** **85132**

**Primary Responsible Person**

**Name:** _____ **Date of Birth:** _____ **Sex:** ☐ **Male** ☐ **Female**

**Address:** _____ **City:** _____ **State:** ____ **Zip:**_____

**Home Phone#:** _____ **Cell Phone#:** _____

**Secondary Responsible Person**

**Name:** _____ **Date of Birth:** _____ **Sex:** ☐ **Male** ☐ **Female**

**Address:** _____ **City:** _____ **State:** ____**Zip:** _____

**Home Phone#:** _____ **Cell Phone#:** _____

**Alternate Contact (**If the primary and secondary responsible persons are not available)

**Name:** _____

**Address:** _____**City:** _____ **State:** ____ **Zip:** _____

**Home Phone#:** _____ **Cell Phone#:** _____

**Alarm Monitoring**

**Company:** _____ **Phone #:** _____

**Address:** _____ **City:** _____ **State:** ___ **Zip:** _____

Completed forms can be returned to the Florence Police Department Communications Section by:

**Mail**: P. O. Box 988 Florence, AZ. 85132 or **Fax:** 520-868-0158