



CITY OF ROANOKE  
**ALARM REGISTRATION PROGRAM**



TYPE OF ALARM SYSTEM		<input type="checkbox"/> FIRE <input type="checkbox"/> SECURITY <input type="checkbox"/> BOTH <input type="checkbox"/> OPERATOR	
BUSINESS INFORMATION <b>(note: a separate completed form is required for each business location)</b>		<input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> ALARM COMPANY OPERATOR	
LEGAL BUSINESS NAME:		TRADING / DOING BUSINESS AS:	
BUSINESS STREET ADDRESS (WHERE ALARM LOCATED):			
CITY:	STATE:	ZIP:	TELEPHONE
OWNER / MANAGER (Indicate individual responsible for paying program fee(s)):			
NAME:		EMAIL:	
MAILING ADDRESS:		TELEPHONE NUMBER: (    )	
CITY:	STATE:	ZIP:	CELL PHONE NUMBER (    )
ALARM COMPANY:	<input type="checkbox"/> MONITORED <input type="checkbox"/> LOCAL		
COMPANY NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	TELEPHONE NUMBER:
TYPE OF SERVICE PROVIDED:			



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**EMERGENCY CALL-OUT LIST:**

<b>1</b>	NAME:				
	STREET ADDRESS:				
	CITY:	STATE:	ZIP:	HOME PHONE: (    )	CELL PHONE (    )
<b>2</b>	NAME:				
	STREET ADDRESS:				
	CITY:	STATE:	ZIP:	HOME PHONE: (    )	CELL PHONE (    )
<b>3</b>	NAME:				
	STREET ADDRESS:				
	CITY:	STATE:	ZIP:	HOME PHONE: (    )	CELL PHONE (    )
<b>NON-REFUNDABLE REGISTRATION FEE:</b> <b>\$25.00 PER LOCATIONS 1-3</b> <b>\$100.00 (4 OR MORE LOCATIONS)</b> <b>\$25.00 (ALARM COMPANY OPERATOR)</b> MAKE CHECKS PAYABLE TO:  <b>CITY OF ROANOKE TREASURER</b>			<b>PLEASE MAIL THE COMPLETED REGISTRATION FORM(S) AND PAYMENT TO THE FOLLOWING ADDRESS:</b>  Police Program Specialist Roanoke City Police Department 348 Campbell Ave Roanoke VA 24016		

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_