



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 (note: a separate completed form is required for each business location)		<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:

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

Printed Name: _____

Signature: _____ Date: _____