

**CONFIDENTIAL INFORMATION – NOT A PUBLIC RECORD**

**MISSION ALARM REGISTRATION FORM**

(ORDINANCE 1050 and 1051)

(As of 09/28/2002 all business and residential alarm systems must be registered with the Mission Police Department)

(Please Print all Information – Return to the Mission Police Department)

Resident or Business Name: \_\_\_\_\_  
(Alarm System User)

Resident or Business Address: \_\_\_\_\_  
(Full Street Address, Apt. or Suite No.)

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Bus. Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
(Name, Full Address, Area Code and Telephone Number)

Second Contact: \_\_\_\_\_  
(Name, Full Address, Area Code and Telephone Number)

Alarm Service Company: \_\_\_\_\_  
(Alarm System Provider)

Address: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Does Alarm System Have an Outside / Audible Warning: YES  NO

Is Audible Warning Alert Timed: YES  NO

Specify Intervals: \_\_\_\_\_

Does Alarm System Automatically Reset: YES  NO

How Long Before Reset: \_\_\_\_\_

Will Alarm Co. Notify Police to Disregard Call When Necessary: YES  NO

Alarm Covers: Door(s)  Window(s)  Glass Break  Safe / Vault  Perimeter   
Roof  Interior Motion  Interior Noise  Burglary  Hold-Up   
Panic  Medical  Duress  Trouble  Tamper  Fire   
Smoke  CO2  Intrusion  ATM  A. W. A. R. E.

List Hazardous Material inside the residence or business on reverse side of this form.

Registration No. \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_