



ALARM REGISTRATION

City Use Only

Alarm User: **Residential**

NAME _____ HOME _____ PHONE _____
ADDRESS _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

Alarm User: **Business**

BUSINESS NAME _____ PHONE _____

BUSINESS ADDRESS _____

BUSINESS OWNER _____ PHONE _____

OWNER'S ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

ALARM TYPE

- Security ONLY (This includes panic, ambush, duress) Fire ONLY
- Combination Security/Fire Fire/Medical Medical ONLY

ALARM NOTIFICATION

- My alarm is monitored by a company who notifies the police/fire dept.
Monitoring company _____
- My alarm has a taped message that is automatically sent to the police/fire dept. (Dialers should also make emergency contacts.)
- My alarm only has an outside audible siren.

**** Making emergency contacts for any alarms is NOT the responsibility of Kettering Police Department.**

Registration fee: \$10.00 for new registration. Make checks payable to: *The City of Kettering*

Mail form/fee to City of Kettering Finance/Alarm Ordinance, 3600 Shroyer Road, Kettering, OH 45429 Should a question arise concerning your system or billing, please contact:

For Security Systems: Officer Kent Tischler 296-3238

For Fire/Medical Systems: Kettering Fire Prevention 296-2489

I certify that the above listed information is true and accurate and I agree to abide by the City Ordinance dealing with alarm systems.

Signature _____ Date _____