

Business Alarm Registration Form

All fields on this form are required. Please complete the form and hit the submit button. After hitting submit you will be directed to another page with payment options, including the ability to submit your payment online. If you have already paid the one-time \$15.00 registration fee, and you are renewing or updating information, please choose "Update Alarm Information" from the previous page.

Business Name: (Please enter the name of your business.)

Business Address: (Enter the address in Springville where your business is located.)

Street Address: _____

City: _____

Zip Code: _____

Business Hours Phone:

Please enter all phone numbers in this format: (###)###-####

(____) ____ - _____

Alarm Type:

Please check all boxes that correspond with the type(s) of alarm(s) you have installed at your business.

Burglary/Break-in

Robbery

Fire

Trouble/Disturbance

Medical Emergency

Alarm Provider (Please enter the name of the alarm company who monitors the alarm for your business.)

Alarm Company Address:

Street Address: _____

City: _____

State: _____ ZIP: _____

Alarm Company Phone Number: (Please provide us with the phone number for your alarm company service.)

(____) ____ - _____

Your Business Primary Contact Person:

First Name _____ Last Name _____

Primary Contact Email

Enter Email: _____

Primary Contact Telephone:

It is important that we be able to contact a representative of your company quickly should an alarm be activated. Please enter a 24 hour/day phone number for your primary contact person.

Primary Contact Secondary Phone:

Please enter a second phone number for the Primary Contact for your business.

(____) ____ - _____

Primary Contact Address:

Please enter the address for the Primary Contact person at your business.

Street Address

City

State _____ Zip Code _____

Second Contact:

In the event of an alarm, if we are unable to contact the person listed above, we will need two additional contact persons. Please enter the second contact person's name and phone number here.

First Name: _____ Last Name: _____

Phone: (____) ____ - _____

Third Contact:

Please enter a third contact person for this alarm and/or business.

First Name: _____ Last Name: _____

Phone: (____) ____ - _____