

Alarm Registration Update



Please check the type or types of system present: Fire _____ Security _____

Name of Residence/Business: _____

Premises Address: _____

Mailing Address: _____

Premise Phone Cell phone:

E-Mail: _____

Additional contact people are very important to have listed. All alarms must have a response from the business owner or someone listed by the owner; please make sure you fill out the registration form completely.

Alternate # 1: _____

Phone: _____

Cell Phone:

Alternate # 2: _____

Phone: _____

Cell Phone:

Alternate # 3: _____

Phone _____

Cell Phone:

Alternate # 4: _____

Phone: _____

Cell Phone:

Fire/Burglar Alarm Monitoring Company: _____

Phone: _____

Address: _____

Fire/Burglar Alarm Installation Company: _____

Phone: _____

Washington State License #: _____

Date system placed in operation: _____

ADDITIONAL INFORMATION ON BUSINESSES

Building Owner _____ Phone: _____

Address _____ Cell Phone: _____

Business Owner/Manager: _____ Phone: _____

Address: _____ Cell Phone: _____

Signature of Applicant _____ Date _____

Fax completed forms to 509-527-1965 or mail to the address listed below:

City of Walla Walla
Attn: Dispatch
15 North 3rd Avenue
Walla Walla, WA 99362