



Gilbert Police Department Alarm Unit
75 East Civic Center Drive
Gilbert, Arizona 85296
480-635-7459

Permit #: _____
 Date: _____
 Expires: _____

Please fill form out completely. Sign, date and return form with payment to the Gilbert Alarm Unit. If annual registration renewal, return form with payment, noting any corrections.

_____ \$10.00 registration/renewal fee enclosed. Check or money order payable to Town of Gilbert.

_____ Registration fee waiver: Residential alarm users age 65 or older are exempt from permit fee.

Please mark the appropriate box: **Residence** **Business** **Renewal**

Location	Responsible Party
Name (Last,First or Business Name)	Name (Last,First)
Address (Street Number, Street Name, Apt/Suite)	Mailing Address: (Street Number, Street Name, Apt/Suite)
City, State, Zip code + 4	City, State, Zip code + 4
Primary Phone #: _____	Primary Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Work Phone #: _____	Work Phone #: _____
Contact Person #1	Contact Person #2
Name: (Last,First)	Name: (Last,First)
Primary phone #: _____	Primary phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Work Phone #: _____	Work Phone #: _____
Contact Person #3	Contact Person #4
Name: (Last,First)	Name: (Last,First)
Primary Phone #: _____	Primary Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Work Phone #: _____	Work Phone #: _____
Alarm Monitored By:	Alarm Sold or Installed By:
Company Name	Company Name
Address (Street Number, Street Name, Apt/Suite)	Address: (Street Number, Street Name, Apt/Suite)
City, State, Zip code + 4	City, State, Zip code + 4
Telephone #: _____	Telephone #: _____

Please note any special needs/concerns in your home: physical limitations and/or elderly persons needing assistance, medical alert, guard dogs, weapons, etc. _____

I hereby certify that the above information is accurate to the best of my knowledge. I also accept complete responsibility for any and all charges and/or fees accrued by my alarm system in accordance with the Town of Gilbert Alarm Ordinance 42-76.

 Signature of Alarm Owner or Designated Representative

 Date