

**City of Anchorage
Anchorage Police Department
2017 Alarm Registration Form**

DATE _____ NAME _____

PROPERTY ADDRESS _____

TELEPHONE NUMBER _____ ALTERNATE PHONE _____

BURGLAR ALARM:

ALARM COMPANY _____

ALARM COMPANY TELEPHONE NUMBER _____

TYPE OF ALARM _____ RESET TIME _____

EMERGENCY CALL LIST/KEY HOLDER NAMES AND TELEPHONE NUMBERS:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

OTHER ALARMS OR SERVEILLANCE CAMERAS IN THE HOME OR ON THE PROPERTY:

FIRE ALARM _____ SMOKE DETECTORS _____

CO DETECTORS _____ OTHER _____

**** SURVEILLANCE CAMERA(S) YES _____ NO _____**

There is no fee for registering your alarm. Type of billing for false alarm runs (check selection):

\$60 per year (paid in advance)

\$25 per false run

Make check payable to: City of Anchorage

Mail to: City of Anchorage, P. O. Box 23266, Anchorage, KY 40223

OFFICE USE ONLY:

Original to Dispatch Yes _____ Date _____ By _____

Copy to City Hall Yes _____ Date _____ By _____

Payment Attached Yes _____ Check # _____

**ALL ALARMS MUST BE REGISTERED
REGARDLESS IF MONITORED BY A SECURITY SERVICE OR NOT.**

Alarm registration questions: Anchorage Police Department, 502-244-0562

Billing inquiries: Anchorage Deputy Treasurer, 502-245-4654