

# VILLAGE OF CASSOPOLIS ALARM REGISTRATION FORM

All alarm users shall register each alarm system with the Village within 10 days of installation.

## ALARM USER INFORMATION (ALARM LOCATION):

Alarm Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address (if different than Alarm Location listed above):  
\_\_\_\_\_

Date of Installation: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SPECIAL CONDITIONS: (i.e. hazardous materials, dog, handicapped persons, special needs child, etc.)

\_\_\_\_\_

## ALARM COMPANY INFORMATION:

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

## INDIVIDUALS WHO CAN RESPOND TO ALARM ACTIVATION: (Other than the owner)

Individual Name (1<sup>st</sup> Contact): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Individual Name (2<sup>nd</sup> Contact): \_\_\_\_\_

Phone Number: \_\_\_\_\_

I have read the completed application and will comply with the ordinance set forth by the Village of Cassopolis. I affirm that all the information herein is true and correct to the best of my knowledge. I also understand that it is my responsibility for any fines assessed in connection with a public safety or fire emergency incident, which is determined on a case by case basis. Should there be any changes to the above information, I understand that it is my responsibility to inform the Village, as soon as possible, of such updates to maintain the most current registrations.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_