



## Warner Police Department

### Burglary Alarm Information Sheet

PLEASE TYPE OR PRINT CLEARLY

NAME: \_\_\_\_\_ TEL NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OR BUSINESS: \_\_\_\_\_ TEL NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLEASE ADD ANY INFORMATION THAT MAYBE HELPFUL TO AN OFFICER RESPONDING  
TO YOUR ALARM:

\_\_\_\_\_

TYPE OF ALARM: (Check all those which apply)

- Audible  Direct Dial  Silent  
 Direct To Private Alarm Monitor Company  
 Intrusion  Motion Detector  Fire  
 Business  Residential  Burglary  Other

INSTALLING ALARM COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL NO.: \_\_\_\_\_

MONITORING ALARM COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL NO.: \_\_\_\_\_

WHOM TO NOTIFY, DAY AND NIGHT, WHEN THE ALARM SOUNDS (PARTIES MUST HAVE  
ACCESS TO THE RESIDENCE & BE ABLE TO RESET THE ALARM) LIST AT LEAST TWO  
SEPARATE INDIVIDUALS.

	NAME	DAY PHONE	NIGHT PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

It is the **OWNER'S** responsibility to keep all information **CURRENT** and **CORRECT**.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

CHIEF OF POLICE: \_\_\_\_\_