



## Alarm Company Contact/ Registration

Company Name:

State License # (If none, Federal ID):

Address:

City:

Zip:

Phone:

Fax:

Email:

Contact Person:

In order to facilitate problems with my alarm accounts the above listed person is my designated alarm coordinator. This person is the one who will be responsible for making certain that problems between my company and local police are handled in an expeditious manner.

If this person changes I will notify the local police departments of the new contact persons name.

I certify that my company will address all problems reported to us and respond back to law enforcement within \_\_\_\_ business days.

Our preferred method of contact is:

Phone Call: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Email: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_.

Please include a list of all Area Codes that this person covers, or additional names for other areas of the state.

Palatka Police Department  
False Alarm Reduction Programs  
110 North 11<sup>th</sup> Street  
(386) 329-0115  
FAX (386) 329-0159