

Alarm System Registration

Medicine Hat Police Service 884 - 2 Street SE Medicine Hat, AB T1A 8H2 Medicine Hat Fire Service 440 Maple Avenue SE Medicine Hat, AB T1A 7S3

The following information is provided in accordance with City of Medicine Hat Bylaw No. 3716 - ALARM SYSTEMS. Please be assured that all information contained in this registration will be considered confidential and used only within the provisions of the Alarm Systems Bylaw.

Completion instructions: Use the Tab key to move through the form (hold Shift and use Tab to go back to previous entries). Press the Space Bar to place an X in applicable boxes.

ADDRESS OF PROTECTED PREMISE
Apt./Bay No Street Address
Premise Name (if applicable)
Security Alarm Fire Alarm
REGISTRANT OF ALARM SYSTEM & FALSE ALARM BILLING INFORMATION
Name (Surname, First Name)
Company Name (if applicable)
Mailing Address: Apt./Bay No Street Address
City Province Postal Code
Telephone: Res. () - Bus. () - Cell. () -
OWNER OF ALARM SITE
Same as Registrant Information Above: Yes
Complete this section <u>if new information</u> .
Name (Surname, First Name)
Company Name (if applicable)
Mailing Address: Apt./Bay No Street Address
City Province Postal Code
Telephone: Res. () - Bus. () - Cell. () -
OCCUPANT OF ALARM SITE
Same as Registrant Information: Yes Same as Owner Information: Yes
Complete this section <u>if new information</u> .
Name (Surname, First Name)
Company Name (if applicable)
Mailing Address: Apt./Bay No Street Address
City Province Postal Code
Telephone: Pes () - Rus () - Cell () -

(See next page, please)

APPROVED REGISTRATION

The above alarm system registration has been approved and processed. The enclosed Registration No. is to be affixed to the alarm system control panel by the registrant immediately upon receipt. In the event of a change to any information contained in this registration, updated information is to be provided to the Medicine Hat Police Service (529-8476) within seven (7) days of the change. Registrations are non-transferable unless the Chief of the Issuing Department, or his designate, consents to the transfer in writing.