

# ALARM COMPANY REGISTRATION



## VANCOUVER POLICE ALARM UNIT

P.O. BOX 1995, VANCOUVER, WA 98668-1995

Phone: (360) 487-7403 Fax: (360) 694-9646

FOR ALARM UNIT USE ONLY

REGISTRATION #: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

1) Alarm Company Name: \_\_\_\_\_

Installation  / Monitoring

Related names / DBA'S: \_\_\_\_\_

2) Street Address: \_\_\_\_\_  
(required) Street Name City and State Zip Code

3) Mailing Address: \_\_\_\_\_  
If different than street address City and State Zip Code

4) 24 Hour Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

5) Contact Person 1:

Name: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
(first / last)

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person 2:

Name: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
(first / last)

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge.

6) Authorized Signature (Required): \_\_\_\_\_ Date Signed (Required): \_\_\_\_\_

Print Name (Required): \_\_\_\_\_

This form provided by the Vancouver Police Alarm Unit (Rev. 7/2014)

registration required by VMC 8.52

VANCOUVER POLICE ALARM UNIT

PO BOX 1995

VANCOUVER WA 98668-1995

PHONE (360) 487-7403

FAX (360) 694-9646