



ALARM USER REGISTRATION AGREEMENT

City of Whitefish
PO Box 158
Whitefish, MT 59937
Phone: 406-863-2481
Fax: 406-863-2419

Please Type or Print Clearly

CONTACT INFORMATION

<input type="checkbox"/> Residential Primary contact LAST NAME: _____ FIRST NAME: _____ Phone: _____ Phone: _____ E-mail: _____ Secondary contact LAST NAME: _____ FIRST NAME: _____ Phone: _____ Phone: _____	<input type="checkbox"/> Business Business Name: _____ Primary contact LAST NAME: _____ FIRST NAME: _____ Phone: _____ Phone: _____ E-mail: _____ Secondary contact LAST NAME: _____ FIRST NAME: _____ Phone: _____ Phone: _____
--	---

ADDRESS OF ALARMED LOCATION

Full Street Address: _____ Suite/Apt: _____
City: _____
State: _____
Zip Code: _____

MAILING ADDRESS (if different from above)

Street/P.O Box: _____ Suite/Apt: _____
City: _____
State: _____
Zip Code: _____

SPECIAL CONSIDERATIONS (i.e. vicious animals, physically challenged etc.)

ALARM COMPANY INFORMATION

Alarm SERVICE Company Name: _____ Telephone: _____
 (check here if you own & service the alarm)

Alarm MONITORING Company Name: _____ Telephone: _____
 (check here if you monitor the alarm)

By submission of this alarm registration application, I hereby affirm that the information is true and correct.

I have read, understand and agree to comply with the following items:

- I understand this alarm registration is non-transferable and valid for 365 days from date of issuance.
- I have been instructed by the alarm company on how to properly operate my alarm system.
- I have the monitoring company's telephone number to use for cancellations, to test my alarm, to update telephone contact information and to request alarm service or repairs.
- I understand that I cannot cancel a robbery/panic alarm or fire alarm activation.
- I understand that to cancel a false alarm activation I must call my alarm company and give them my proper cancellation code. If I only call Flathead County 911 Dispatch, they will advise me to call my Alarm Company to properly cancel Police and Fire Response.**
- I will instruct ALL alarm users on how to operate the alarm system, how to **cancel a false alarm** activation and will provide them with a proper cancellation code.
- I understand that pets, balloons and new items in an alarmed area can cause a false alarm.
- I understand the full version of the City of Whitefish Alarm Code can be found online at: www.cityofwhitefish.org.
- I have called my Monitoring Company and verified that the numbers they have on file are correct and updated as of today.**

I agree to maintain my alarm system in good working order and make every effort to not cause any false alarm calls. I am the responsible person for this alarm system.

Printed name

Signature

Date

Please remit this application to:
City of Whitefish
P.O. Box 158
Whitefish, MT 59937

Internal Use

Registration: