



ALARM SYSTEM REGISTRATION

I/We hereby make registration for an alarm system, and in accordance with said ordinance submit the following information and facts:

Alarm Company: _____

DBA: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Install Date: _____

Location: _____

Alarm Type: Intrusion Holdup Fire

Applicant's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Received By: _____ Date: _____

(Signature)

Complete and return to:

Attn: City Clerk
City of Clawson
425 N. Main Street
Clawson, MI 48017
fax: (248) 435-3240