



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 if new information.

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 if new information.

Name (Surname, First Name) _____

Company Name (if applicable) _____

Mailing Address: Apt./Bay No. _____ Street Address _____

City _____ Province _____ Postal Code _____

Telephone: Res. () - _____ Bus. () - _____ Cell. () - _____

(See next page, please)

