



**City of Alton, Illinois
Alarm Registration & False Alarm Management**

Subscriber Certification Form

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|--|-----------------|
| ALARM SUBSCRIBER NAME: | |
| ALARM SITE ADDRESS (line 1): | |
| ALARM SITE ADDRESS (line 2): | |
| CITY/STATE/ZIP: | ALTON, IL _____ |
| INSTALLING ALARM COMPANY: | |
| ALARM COMPANY BUSINESS LICENSE #: | |
| DATE OF INSTALLATION: | |

I, the above Alarm Subscriber, as of the date written above, certify the following:

- 1) I understand that my Alarm System must be registered with the Alton Police Department prior to activation of the alarm.

(Subscriber Initials)
- 2) I have received instructions from the above-listed Alarm Company on the proper operation of the Alarm System and on the prevention of False Alarms and I understand those instructions.

(Subscriber Initials)
- 3) I have received a copy of or online link (<http://alton-il.com>) to the Alarm Registration & False Alarm Management Ordinance # 7181 from the above-listed Alarm Company.

(Subscriber Initials)
- 4) I have received a brochure or online link from the above-listed Alarm Company detailing the Rights and Responsibilities of an Alarm Subscriber.

(Subscriber Initials)

(Signature of Alarm Subscriber)

(Print Alarm Subscriber Name)

ALARM COMPANY: RETAIN THIS FORM WITH YOUR SUBSCRIBER RECORDS.