



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

**Subscriber Reinstatement Form**

<b>Alarm Permit Number:</b>	
<b>Alarm Subscriber Name:</b>	
<b>Alarm Company Name:</b>	
<b>Inspection/Retraining Date:</b>	

I, THE ABOVE Alarm Agent, as of the date written above, certify the following:

- 1) I am an Alarm Agent working for the Alarm Company stated above.

\_\_\_\_\_  
Alarm Agent Initials

- 2) I have inspected the Alarm System identified by the permit number above and certify that it is in proper working order as of the Inspection/Retraining Date stated above.

\_\_\_\_\_  
Alarm Agent Initials

- 3) I have retrained the Alarm Subscriber in the proper use of the Alarm System identified by the permit number above, on the date stated above.

\_\_\_\_\_  
Alarm Agent Initials

\_\_\_\_\_  
Alarm Agent Signature

\_\_\_\_\_  
Alarm Agent Name and Initials Printed

**Mail or Fax completed form to:  
CITY OF ALTON – ARFAM  
PO BOX 4022  
CHESTERFIELD, MO 63006-4022  
636-537-8187**