

CHARTER TOWNSHIP OF LYON ALARM REGISTRATION

ALARM LOCATION	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> Street Address Apartment/Suite City, Zip Code </div>				
OWNER	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature				
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name (Last, First) Business (PRINT)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone (Home)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone (Business)		
CONTACT PERSONS <small>(Must be able to deactivate alarm system)</small>	1.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name (Last, First)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone (Home)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone (Business)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Key Y/N
	2.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name (Last, First)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone (Home)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone (Business)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Key Y/N
	3.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name (Last, First)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone (Home)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone (Business)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Key Y/N
BILLING ADDRESS	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name - or Company Name		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City/State/Zip Code	
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone No.				
ALARM INFORMATION	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Alarm Company		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Address		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone Number
	Type of Alarm (X) Burglar: () Holdup: ()		Monitored <input type="checkbox"/> Yes <input type="checkbox"/> No Fire: () Medical: ()		Other: () <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>