

## **City of Avondale Alarm Registration**

Print Form

Submit by Email

<b>Alarm Information</b>					
Alarm Type:	<b>X</b> Burglary	X Panic		Fire	
Location Type:	Business	Residential			
Business Name:					
Physical Address:		City: Avondale	State: AZ	Zip:	
Mailing Address:		City:	State:	Zip:	
Primary Responsible	Person				
Name:		Date of Birth:	Sex:	☐ Male ☐ Female	
Address:		City:	State:	Zip:	
Home Phone #:		Cell Phone #:	Cell Phone #:		
Secondary Responsib	le Person				
Name:					
Address:		City:	State:	<b>Zip:</b>	
Home Phone #:		Cell Phone #:			
	the primary and secondary respo				
Name:					
Address:		City:	State:	Zip:	
Home Phone #:		Cell Phone #:			
Alarm Monitoring					
Company: CR	ITICOM MONITORING SERV	ICES			
Address: 103	35 N 3RD ST. SUITE 101	City: LAWRENCE	State: _KS	<b>Zip:</b> 66044	
<b>Phone #:</b> (80	00) 482-9800	Account #:			

Completed forms can be returned to the Avondale Police Department Records Bureau by

Mail: 11485 West Civic Center Dr Avondale, AZ 85323

Fax: 623-333-0700

Email: Submit by Email

# Avondale

## City of Avondale Alarm Registration

### Keep this infromation for your records

Alarm systems must be registered with the Avondale Police Department within thirty (30) days of installation.

**Note:** The primary responsible party or their designee must be able to respond to the scene of an activated alarm within thirty (30) minutes of the alarm's activation, after notification by the police department or the subscriber's alarm business.

#### **False Alarm Assessments:**

Second False Alarm in a 365 day period = Warning Letter
Third False Alarm in a 365 day period = \$150 assessment
Fourth False Alarm in a 365 day period = \$200 assessment
Fifth/More False Alarm in a 365 day period = \$250 assessment

Contact the Avondale Police Department at 623-333-7015 if you have any questions.