

**2025**

**ALARM REGISTRATION**

**City of Platte Woods**

**Alarm systems MUST be registered with the city annually. There is no fee.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work & Cell Phones** \_\_\_\_\_

**Alarm System Description** \_\_\_\_\_

**Monitored by** \_\_\_\_\_

Company Name

Street Address

City, State, Zip

(Area Code) Phone Number

**Check applicable alarms:**  Horn  Siren  Bell  Lights  Silent

**Alarm shuts off in \_\_\_\_\_ minutes. (Maximum time allowed is 15 minutes for a residence, 30 minutes for a business.)**

**EMERGENCY CONTACTS: A responsible party must respond to all alarms. List persons who will respond to calls, have keys, and reset the alarm.**

**Name** \_\_\_\_\_ **Phone Number(s)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_