

HENDRICKS COUNTY ALARM SYSTEM REGISTRATION

Mail this completed registration form to:

Doug Morris
Hendricks County Central Dispatch
1075 East Main Street
Plainfield, Indiana 46168

Registration No: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Alarm: \_\_\_\_\_
(Burglary, Panic, Holdup, etc.)

Style of Alarm: \_\_\_\_\_
(Bell, Siren, Tone, Auto-Dial, etc.)

PERSONS IN CONTROL OF THE PROPERTY
(Persons primarily responsible first)

Name Address Phone

Name Address Phone

Name Address Phone

Street address and driving directions of the property on which the Alarm System is to be installed: \_\_\_\_\_

Any business name used for the premises on which the Alarm System is to be installed and operated: \_\_\_\_\_

The name and telephone number of a least two (2) persons which are able to have agreed to a) Receive notifications at any time; b) come to the alarm site within thirty (30) minutes after receiving a request from the sheriffs department; c) Grant access to the alarm site and to deactivate the Alarm System if such becomes necessary:

---

Name

---

Telephone

---

Pager

---

Cell

---

Name

---

Telephone

---

Pager

---

Cell

---

Name

---

Telephone

---

Pager

---

Cell