



City of Avondale Alarm Registration

Alarm Information

Alarm Type: Burglary Panic Fire

Location Type: Business Residential

Business Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Responsible Person

Name: _____ Date of Birth: _____ Sex: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Secondary Responsible Person

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Alternate Contact (If the primary and secondary responsible persons are not available)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Alarm Monitoring

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ 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:

