



**2012 CITY OF HOPKINS  
SINGLE FAMILY RESIDENTIAL  
ANNUAL ALARM USER REGISTRATION**



**REGISTRATION # \_\_\_\_\_ (assigned by Hopkins Police Dept)**

**INSTRUCTIONS:** Individual alarm registrations are required for each building having an alarm system. You may make copies of this form for multiple buildings. Complete registration form in its ENTIRETY for each address. Return form and registration fee of \$10 per alarm system (Police and/or Fire) to:  
Hopkins Police Department, 1010 First Street South, Hopkins, MN 55343  
**MAKE CHECKS PAYABLE TO THE CITY OF HOPKINS**

**OFFICE USE ONLY:**

Date Rec'd: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash   
Check No.: \_\_\_\_\_

**Alarm System Information**

**Fire Alarm System:** Waterflow \_\_\_\_\_ Heat/Smoke Detection \_\_\_\_\_ Manual \_\_\_\_\_ **\$10.00**  
**Police Alarm System:** Burglary \_\_\_\_\_ Panic/Medical \_\_\_\_\_ Hold-Up \_\_\_\_\_ **\$10.00**  
 Type of Alarm Site: **Single Family Residential X** **TOTAL PAYMENT ENCLOSED \$ \_\_\_\_\_**

Location of Alarm Panel \_\_\_\_\_

**Alarm Site Information**

Homeowner Name \_\_\_\_\_ Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
 Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_ Hopkins, MN \_\_\_\_\_ (zip)  
 Billing Address (If Different Than Above) \_\_\_\_\_ (street) \_\_\_\_\_ (city, state, zip)

**Keyholder Information (person authorized to respond to check alarm/premises):**

Name \_\_\_\_\_ Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_  
 Name \_\_\_\_\_ Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

**Alarm Service Information**

Alarm Monitoring Company \_\_\_\_\_ 24-Hr Phone \_\_\_\_\_  
 Alarm Service Company \_\_\_\_\_ 24-Hr Phone \_\_\_\_\_

**Authorization**

I hereby authorize the Hopkins Fire Department to notify the fire alarm/sprinkler service company if a service call is necessary and my keyholder is unavailable. (Optional) Signature \_\_\_\_\_

All alarm systems are subject to false alarm charges, fees and penalties according to city ordinance. I have reviewed the Hopkins Alarm Ordinance and understand its contents and my responsibilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_