



**2012 CITY OF HOPKINS
MULTI-FAMILY / COMMERCIAL
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: Multi-Family _____ Commercial _____ **TOTAL PAYMENT ENCLOSED \$ _____**

Location of Alarm Panel _____ Key Box Provided: Yes ___ No ___

Alarm Site Information

Contact Name _____ Bus No. _____ Cell No. _____

Business Name _____

Address _____ Apt/Suite _____ Hopkins, MN _____

(zip)

Billing Address (If Different Than Above) _____

(street)

(city, state, zip)

Business Days/Hours Building is Occupied _____

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

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 _____