

2026

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: _____