

**OFFICE OF THE CITY CLERK**

City Hall, 1 Kennedy Plaza  
Utica, New York 13502  
Tel.: (315) 792-0113  
Fax: (315) 792-0220



**Melissa Sciortino**  
City Clerk

**APPLICATION FOR AN ALARM REGISTRATION**

This Alarm Registration is for (please check one):  A Business OR  A Home Residence

Full Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Hours of Operation (for Business ONLY) \_\_\_\_\_

Device Description (please check all that apply):

- Fire/EMS    Police    Silent    Audible    Perimeter Security    Burglary

Alarm Co. Name \_\_\_\_\_

Alarm Co. Address \_\_\_\_\_

Alarm Co. Phone Number \_\_\_\_\_

Monitoring Co. Name \_\_\_\_\_

Monitoring Co. Phone Number \_\_\_\_\_

Date of Installation \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Information of at least three (3) keyholders (please include their full name, address, phone number, and relationship to the applicant):

Keyholder #1 \_\_\_\_\_

\_\_\_\_\_

Keyholder #2 \_\_\_\_\_

\_\_\_\_\_

Keyholder #3 \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:**

**There is a \$25.00 fee per alarm that MUST be paid in full before this application can be processed. Payments can be made in cash OR by money order (made payable to 'City Clerk') OR by personal check (made payable to 'City Clerk')**

**For Office Use Only:**  
**Registration No. \_\_\_\_\_**