

OFFICE OF THE CITY CLERK

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

City Clerk

Andrew Castilla

Deputy 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. _____