



Franklin Police Department

Records Section
PO Box 421
Franklin, TN 37065-0421

Account #

Registration Form



INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Attach payment and return to the address shown at the bottom of this form

1 Alarmed Location

Occupant Name or Business Name _____

Address _____ Suite/Apt# _____

City _____ State _____ Zip _____

2 Responsible Party

Name _____ Phn1 _____

_____ Phn2 _____

Address _____ Phn3 _____

_____ Phn4 _____

City _____ State _____ Zip _____

3 Contact Names

Contact 1

_____ Phn1 _____

_____ Phn2 _____

Name _____

Contact 2

_____ Phn1 _____

_____ Phn2 _____

Name _____

4 Additional Information

Date Installed/Activated _____ Automatic Reset

Audible

Special Conditions/ Hazards _____

5 Alarm Companies Not Monitored

Monitored By _____ Phn1 _____

Sold By _____ Phn1 _____

I understand that, in accordance with City of Franklin Alarm Systems Ordinance title 20 chapter 2, applicant is financially responsible for all charges and penalties specific in this section.

Signature _____ Date _____

NOTE: If information provided in application changes, you must notify the Franklin Police Department within ten (10) working days. Attach your check, made payable to the Franklin Police Department, for a non-refundable application fee and mail or deliver to:

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