

# SUNNYSIDE POLICE DEPARTMENT ALARM MONITORING APPLICATION

Date: \_\_\_\_\_

**Alarm Account Number:** \_\_\_\_\_ **Type of Alarm:** Residential: \_\_\_\_\_ Business: \_\_\_\_\_

(An alarm account number is issued when the form is completely filled out)

**Alarm Codes:** 1=Fire, 2=Medical, 3=Burglary, 4=Open, 5=Close, 6=Robbery, 7=Panic, 8= \_\_\_\_\_  
9=Restore, 99=Daily Test

**Other:** \_\_\_\_\_

**ADDRESS OF THE ALARM:** \_\_\_\_\_

NAME of the BUSINESS or the home OWNER: \_\_\_\_\_

Phone number on site: \_\_\_\_\_

Individual responsible for the account: \_\_\_\_\_

Address: \_\_\_\_\_ Phone no. \_\_\_\_\_

Billing Address: \_\_\_\_\_

## Person to Contact in Case of Emergency, after hours:

	NAME	ADDRESS	PHONE #	CELL #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**INSTALLATION INFORMATION:** Company \_\_\_\_\_

Address: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

Person Installing: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

**The alarm agency should do a final test when alarm is completely installed. Please advise police dispatch at (509)836-6200 of the testing. Failure to do so may result in a \$25.00 false alarm fee pursuant City Ordinance Chapter 9.90.020**

## DISPATCH USE ONLY

Date alarm tested: \_\_\_\_\_ Person contacted at the police department: \_\_\_\_\_

Spillman \_\_\_\_\_ Silent Knight \_\_\_\_\_ Date given to City Hall \_\_\_\_\_

Alarm receiver information: Digital Receiver – Silent Knight 8528  
Contact Sunnyside Police Dispatch for phone numbers: (509)836-6200