



**CITY OF CLAWSON**  
**ALARM SYSTEM REGISTRATION**

I/We hereby make registration for an alarm system, and in accordance with said City of Clawson Code of Ordinance as stated under Chapter 26 – Emergency Management and Emergency Services, Article IV. – Alarm Systems, Sec. 26-113. – Registration must submit the following information and facts:

Alarm Company: \_\_\_\_\_

DBA: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Install Date: \_\_\_\_\_ Location: \_\_\_\_\_

Alarm Type:      Intrusion      Holdup      Fire

Applicant's Name: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

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Complete and return to: ***(No fee is assessed – this is used for Police/Fire Records)***

Attn: City Clerk  
City of Clawson  
425 N. Main Street  
Clawson, MI 48017  
fax: (248) 435-3240