



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)

Complete and return to:

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

(rev. 7/2017)