

ALARM COMPANY REGISTRATION



VANCOUVER POLICE ALARM UNIT

Attn: Central Square Technologies

P.O. BOX 744595. Los Angeles, CA 90074-4595

Phone: (833) 814-0400

FOR ALARM UNIT USE ONLY

REGISTRATION #: _____

DATE ISSUED: _____

1) Alarm Company Name: _____

Installation / Monitoring

Related names / DBA'S: _____

2) Street Address: _____

(required)

Street Name

City and State

Zip Code

3) Mailing Address: _____

If different than street address

City and State

Zip Code

4) 24 Hour Phone: _____ Phone: _____ Phone: _____

5) Contact Person 1:

Name: _____

(first / last)

Direct Phone: _____

Email: _____

Fax: _____

Contact Person 2:

Name: _____

(first / last)

Direct Phone: _____

Email: _____

Fax: _____

I certify that the above information is accurate to the best of my knowledge.

6) Authorized Signature (Required): _____ Date Signed (Required): _____

Print Name (Required): _____

This form provided by the Vancouver Police Alarm Unit (Rev. 12-14-22)

registration required by VMC 8.52

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