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: _____ Direct Phone: _____

(first / last)

Email: _____ Fax: _____

Contact Person 2:

Name: _____ Direct Phone: _____

(first / last)

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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