



Cobb County

Department of Public Safety

Attn: False Alarm Reduction

100 Cherokee Street, Suite 460

Marietta, Georgia 30090

(866) 902-7110

Registration Form Account



INSTRUCTIONS: Print legibly or type. Complete all items. Complete a separate form for EACH address to be permitted.

1 Alarmed Location*

Occupant Name or Business Name

Address Suite/Apt#

City State Zip

2 Responsible Party/ Mailing Address (if different) Phn1* _____

Name Phn2* _____

Address Suite/Apt# Phn3 _____

City State Zip Phn4 _____

3 Contact Names List two people to contact in the event of an alarm. (Must be able to respond within 30 minutes.)

Contact 1 Phn1 _____

Name Phn2 _____

Contact 2 Phn1 _____

Name Phn2 _____

4 Alarm Companies Not Monitored

Monitored By Phn1 _____

Installed By Phn1 _____

*** Must be completed before submission of registration form.**

I have read the completed application and know the above listed information is correct to the best of my knowledge.

Signature _____ Date _____