



ALARM USER REGISTRATION FORM

RESIDENTIAL

I have reviewed the New Hope Alarm Ordinance and understand its contents and my responsibilities

ALARM USER INFORMATION:

Homeowner Name:			
Address (& Unit Number):		Zip Code:	
Home Phone:		Cell Phone:	
Email Address:			

ALARM MONITORING SYSTEM INFORMATION:

Company Name:			
Company Phone:			
Type of Alarm System:	<input type="checkbox"/> Burglar <input type="checkbox"/> Holdup <input type="checkbox"/> Panic <input type="checkbox"/> Fire <input type="checkbox"/> Other (Describe):		
False Alarms	Fee/Police Response	SUBMIT COMPLETED FORM & \$25 TO:	
1 st through 3 rd	N/C	Alarm Registration	
4 th Alarm	\$50	City of New Hope	
5 th Alarm	\$100	4401 Xylon Avenue North	
6 th Alarm or more*	\$200	New Hope MN 55428	
* possible suspension of response service		Email: cityhall@newhopemn.gov 763-531-5133	

ANY FUTURE CHANGES TO THIS REGISTRATION FORM REQUIRES A NEW FORM TO BE COMPLETED

Signature:	Date:
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