

Alarm System Registration

Medicine Hat Police Service
884 – 2 Street SE
Medicine Hat, AB T1A 8H2

Medicine Hat Fire Service
1303 Trans Canada Way SE
Medicine Hat, AB T1B 1J1

The following information is provided in accordance with City of Medicine Hat Bylaw No. 3716 - ALARM SYSTEMS. Please be assured that all information contained in this registration will be considered confidential and used only within the provisions of the Alarm Systems Bylaw.

Once complete please submit either via email or in person to the **Medicine Hat Police Service** (mhps@mhps.ca) or the **Medicine Hat Fire Service** (fireprevention@medicinehat.ca).

ADDRESS OF PROTECTED PREMISE

Apt./Bay No. _____ Street Address _____
Premise Name (if applicable) _____
 Security Alarm Fire Alarm

REGISTRANT OF ALARM SYSTEM & FALSE ALARM BILLING INFORMATION

Name (Surname, First Name) _____
Company Name (if applicable) _____
Mailing Address: Apt./Bay No. _____ Street Address _____
City _____ Province _____ Postal Code _____
Telephone: Res. _____ Bus. _____ Cell. _____

OWNER OF ALARM SITE

Same as Registrant Information Above: Yes

Complete this section if new information.

Name (Surname, First Name) _____
Company Name (if applicable) _____
Mailing Address: Apt./Bay No. _____ Street Address _____
City _____ Province _____ Postal Code _____
Telephone: Res. _____ Bus. _____ Cell. _____

OCCUPANT OF ALARM SITE

Same as Registrant Information: Yes Same as Owner Information: Yes

Complete this section if new information.

Name (Surname, First Name) _____
Company Name (if applicable) _____
Mailing Address: Apt./Bay No. _____ Street Address _____
City _____ Province _____ Postal Code _____
Telephone: Res. _____ Bus. _____ Cell. _____

(See next page, please)

ALARM SERVICE PROVIDER

Company Name _____

Mailing Address: Apt./Bay No. _____ Street Address _____

City _____ Province _____ Postal Code _____

Telephone: Res. _____ Bus. _____ Cell. _____

ALTERNATE CONTACT AUTHORIZED TO ENTER ALARM SITE

Name (Surname, First Name) _____

Mailing Address: Apt./Bay No. _____ Street Address _____

City _____ Province _____ Postal Code _____

Telephone: Res. _____ Bus. _____ Cell. _____

ADDITIONAL INFORMATION

Office Use Only

Security Alarm

Fire Alarm

Registration No. _____

Date _____

Approved _____
(Signature)

_____ *(Print Name)*

FDM Data Entry _____
(Signature)

_____ *(Date)*

APPROVED REGISTRATION

The above alarm system registration has been approved and processed. The enclosed Registration No. is to be affixed to the alarm system control panel by the registrant immediately upon receipt. In the event of a change to any information contained in this registration, updated information is to be provided to the Medicine Hat Police Service (529-8476) within seven (7) days of the change. Registrations are non-transferable unless the Chief of the Issuing Department, or his designate, consents to the transfer in writing.