

Village of Fontana on Geneva Lake

Alarm Registration Form

Must be typed or printed

Pursuant to Village Ordinance # 42-49 this form must be completed and returned to Fontana Police Department at PO #325 Fontana WI. 53125 prior to the installation of any new alarm system or within 30 days of notification on any existing alarm system.

Alarm Information

Location of structure where alarm is located. *No post office boxes or pier numbers.*

Type of structure: Residence Business Other_____

Type/s of Alarms (check all that apply) : Intrusion Fire Medical

Name of Business (if applicable) _____

NOTE: ALL STRUCTURES WITH ALARMS MUST HAVE THEIR PROPERTY'S MAIL DELIVERY NUMBERS CLEARLY DISPLAYED AND VISIBLE WITHIN 20 FEET OF THE NEAREST PUBLIC STREET. NO PIER NUMBERS PERMITTED.

Property Owner Information

Name _____

Date of Birth ____/____/____

Primary Mailing Address _____

PO Box Number Street

City State ZIP

Primary Day Time Phone Number _____ - _____ - _____

Primary Evening Time Phone Number _____ - _____ - _____

Alarm Company Information

Name _____

Address _____

Phone number (must be 24 hour personal contact number) _____ - _____ - _____

Local Key Holder Information (if applicable)

Name _____

Telephone Number _____ - _____ - _____

Key Holder Information (if applicable)

Name _____

Telephone Number _____ - _____ - _____

Medical Alert Alarm Holder

If this is a medical alert alarm it would be helpful to responding EMS to know the nature of the need for the medical alert. Please provide whatever information you can provide that would be helpful (age of patient, medical condition, special needs etc.)

I have received a copy of the Village of Fontana's ordinances regarding my alarm system and agree to comply with it. I will immediately submit a new registration form should there be any changes to the above information.

Signature of Property Owner where alarm is located

Date

Date Received at Safety Building _____

Forward for review to

Fire Chief

Police Chief

Rescue Director