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

Address 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

If this is an alarm that makes notification via telephone or computer to someone other than an alarm company you must list that person's information.

Name _____

Address_____

_____

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

LOCAL KEY HOLDER INFORMATION (if applicable)

Name_____

Telephone Number _____-_____-_____

SUPRA BOX INFO

Location_____

To order: https://lockbox.shopkidde.com/

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

Return Form to:

Fontana Police Department
PO Box 325
Fontana, WI 53125
police@villageoffontana.com
fax: 262-275-3855

Date Received at Safety Building_____