



**ANNUAL ALARM USER REGISTRATION FORM
FOR
COMMERCIAL/INDUSTRIAL**

**I have reviewed the New Hope Alarm Ordinance and
understand its contents and my company's responsibilities.**

ALARM USER INFORMATION:

Business Name:
Address:
Main Business Phone:
After hours name and phone #1
After hours name and phone #2
After hours name and phone #3

BILLING INFORMATION IF DIFFERENT FROM ABOVE:

Business Name:	Phone:		
Street:	City:	State:	Zip Code:
Email Address:			

ALARM MONITORING SYSTEM INFORMATION:

Company Name:		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		cityhall@newhopemn.gov 763-531-5130
Signature:		Date: