



Alarm Registration

Pursuant to Village Ordinance # 42-49 this form must be completed and returned to Fontana Police Department at P.O. Box 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

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

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 (Primary Residence)

Name _____

Date of Birth ____/____/____

Address/P.O. Box _____

City _____

State _____

ZIP _____

Primary Day Time Phone Number ____-____-____

Primary Evening Time Phone Number ____-____-____

Email Address _____

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/>

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@vi.fontana.wi.gov
fax: 262-275-3855

Date Received at Safety Building _____