



City of Langford

www.cityoflangford.ca

ALARM REGISTRATION

Home

Business

Permit No.

FOR OFFICE
USE ONLY

Business Name (If applicable) _____

Applicant Name _____ Telephone Number _____

Alarm Location (Address) _____ Postal Code _____

Date _____ Applicant's Signature _____

NOTE: The information listed below will be forwarded to the Western Communities RCMP Detachment

Silent Alarm

Audible Alarm

Monitored Alarm

Alarm Company _____

Alarm Company Phone Number _____

Alarm Company Fax Number _____

Emergency Contacts (should be able to access premises and operate alarm)

1. Name _____
Phone # _____

2. Name _____
Phone # _____

3. Name _____
Phone # _____

Remarks (Special Instructions, guard dog, etc.) _____