

# ALARM SYSTEM REGISTRATION FORM

CITY OF SPRING HILL  
199 TOWN CENTER PARKWAY  
P.O. BOX 789  
SPRING HILL, TN 37174  
(931) 486-2252

*Registration of alarms will  
be active from January to December.*

*Stickers are no longer issued*

VALID THROUGH:

- NEW \$20.00  
 RENEW \$10.00  
 CHANGE

NAME- BUSINESS / HOME OWNER:	PREMIS PHONE #
PHYSICAL ADDRESS:	SECONDARY PREMIS PHONE #
CITY, STATE, ZIP	SUBDIVISION NAME IF APPLICABLE:
MAILING ADDRESS: (IF DIFFERENT FROM PHYSICAL)	GATE CODE/ HIDE-A-KEY LOCATIONS IF APPLICABLE:
CITY, STATE, ZIP	
ANY PETS IN THE HOME?	ARE THE PETS CONFINED WHEN AWAY?
SECONDARY CONTACT NAME:	RELATIONSHIP:
PHONE NUMBER#	AVERAGE RESPONSE TIME FOR THIS CONTACT?
THIRD CONTACT NAME:	RELATIONSHIP:
PHONE NUMBER#	AVERAGE RESPONSE TIME FOR THIS CONTACT?

**ALARM MONITORING  
SERVICE**

COMPANY NAME:

PHONE #	ADDRESS:
ALARM MAKE:	ALARM TYPE:

*NOTICE: NON-COMPLIANCE WITH THE TERMS OF THIS ORDINANCE SHALL CONSTITUTE A VIOLATION,  
AND EACH INCIDENCE OF NON-COMPLIANCE SHALL CONSTITUTE A SEPARATE VIOLATION  
PUNISHABLE AS PROVIDED IN CITY OF SPRING HILL MUNICIPAL CODE, TITLE 13, SECTION 403*

SIGNATURE (PERMIT HOLDER):

**DO NOT WRITE BELOW THIS LINE**

<b>PERMIT FEE RECEIPT</b>  THE ANNUAL PERMIT FEE SHOWN, WAS PAID ON:	DATE:
	RECEIVED BY: