CITY OF PHILADELPHIA OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER, CODE UNIT ALARM SYSTEM REGISTRATION <i>For information, call (215) 686-1584</i> <i>PLEASE PRINT OR TYPE</i>	 WHEN COMPLETED, MAIL TO: CITY OF PHILADELPHIA CODE UNIT PO BOX 56318 PHILADELPHIA, PA 19130-6318 OR FAX TO: (215) 686-1578 OR EMAIL TO: PHILLY ALARMREG @PHILA.GOV USE A CHECK OR MONEY ORDER for \$50. MADE PAYABLE TO: "CITY OF PHILADELPHIA" IF YOUR CHECK IS RETURNED UNPAID FOR INSUFFICIENT OR UNCOLLECTED FUNDS, (1) YOU AUTHORIZE THE CITY OF PHILA OR ITS AGENT TO MAKE A ONE-TIME ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT TO COLLECT A FEE OF \$20; AND (2) THE CITY MAY RE-PRESENT YOUR CHECK ELECTRONICALLY TO YOUR DEPOSITORY INSTITUTION FOR PAYMENT.
RESIDENTIAL USER	COMMERCIAL USER
LAST NAME , HIST NAME , M.I.	BUSINESS OWNER'S NAME OR LEGAL CORPORATE NAME
ADDITIONAL NAME (USE SAME FORMAT) DEED DATE IF PROPERTY OWNER OCCUPIED	TRADING NAME CITY OF PHILA TAX ID#
ALARM SYSTEM LOCATION (USE ONLY LEGAL ADDRESS; FOLLOW SPECIFIED FORMAT; DO NOT USE INTERSECTION ADDRESS)	
HOUSE NUMBER DIRECTION STREET NAME (N, E, S, W)	DESIGNATION UNIT #, FLOOR, SUITE ZIP CODE (ST, AVE, RD, LA)
PHONE AT ALARM SYSTEM LOCATION: () AREA CODE	NAME OF CONTACT AT ALARM SITE
BILLING NAME & ADDRESS (IF DIFFERENT FROM ABOVE)	
NAME , STREET ADDRESS	
CITY STATE	ZIP AREA CODE PHONE NUMBER
ALARM COMPANY ID #	MONITORING COMPANY ID #
NAME	NAME
ADDRESS	ADDRESS
CITY STATE ZIP () () PHONE FAX	CITY STATE ZIP () () PHONE FAX
USER STATUS EFFECTIVE DATE	APPLICATION DATE
NEW SYSTEM (NO PREVIOUS REGISTRATION)	ALARM REGISTRATION NUMBER (LEAVE BLANK)