



Alarm Registration Form

Permit No. _____

New Application

Residential

Renewal

Commercial

PERMIT HOLDER

Full Name: _____
Last Name First Name Middle Name

Street Address: _____

Mailing Address: _____
If different than above
Street City State Zip

Driver's License # _____ SSN: _____ DOB: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Other Phone: _____

ALARM ADDRESS

Street Address: _____
Include Apartment/Suite Number

Closest Intersecting Street: _____

Business Name: _____

ALARM COMPANY

Company Name: _____ Contact Phone: _____

Mailing Address: _____
Street City State Zip

CONTACT INFORMATION

First Contact Name: _____

Primary Phone _____ Secondary Phone: _____ Other: _____

Second Contact Name: _____

Primary Phone _____ Secondary Phone: _____ Other: _____

Third Contact Name: _____

Primary Phone _____ Secondary Phone: _____ Other: _____

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BYRAM POLICE DEPARTMENT
ALARM REGISTRATION FORM
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Forth Contact Name: _____
Primary Phone _____ Secondary Phone: _____ Other: _____
Fifth Contact Name: _____
Primary Phone _____ Secondary Phone: _____ Other: _____
Sixth Contact Name: _____
Primary Phone _____ Secondary Phone: _____ Other: _____

PROPERTY DETAILS

Are there pets at the location?	Yes	No
- Are pets kept inside the home/business with the alarm?	Yes	No
- Are pets kept in a locked fence area that may have to be accessed by responding officers?	Yes	No
Is the property around the building/residence fenced?	Yes	No
- Are fence gates kept locked?	Yes	No

Submit this completed form to the Alarm Coordinator at the Byram Police Department. It may be mailed to:
Byram Police Department
Alarm Coordinator
P.O. Box 720222
141 Southpointe Dr
Byram, MS 39272