



Registration date: _____

Residence: _____

Business: _____

Alarm/Keyholder Registration Form

Dear Business Owner/Homeowner:

For the purposes of the alarm/keyholder registration, we would appreciate it if you would take the time to fill out the information below. This information is helpful to the Chaska Police Department in the event we are called to your business/residence for an alarm activation or any public safety or security issues. By completing and returning this form, you are providing us with the information we need to help you. If you have more than one location in Chaska, please fill out another form.

Name of Business or Homeowner: _____

Address: _____

Phone Number: _____

Persons to be notified in case of an emergency:

1. Name: _____ Title: _____ Phone: _____
2. Name: _____ Title: _____ Phone: _____
3. Name: _____ Title: _____ Phone: _____

Alarmed: Yes _____ No _____

Persons to be notified in case of an alarm (if **different** than persons notified in case of emergency):

1. Name: _____ Title: _____ Phone: _____
2. Name: _____ Title: _____ Phone: _____
3. Name: _____ Title: _____ Phone: _____

Alarm Information

Type: Burglary: _____ Robbery: _____ Medical: _____ Waterflow: _____

Other Emergency: _____ Silent: _____ Audible: _____ Both: _____

Name of Alarm Company: _____

Alarm Company Address: _____

24-hour Phone Number: _____

Alarms phoned to the Police by: Alarm Company: _____ Neighbor or Passerby: _____

Telephone Answering Service: _____

Areas of premises protected by alarm: _____

Comments:

Signature: _____