



DISCOVER

Plattsburgh

City of Plattsburgh, New York
Alarm Registration

PART A: TO BE COMPLETED BY ALARM USER (RESIDENT OR BUSINESS)

ALARM SITE INFORMATION: _____ TYPE OF ALARM: _____

NAME OF OCCUPANCY: _____

ADDRESS: _____

PHONE NUMBER: PRIMARY: _____ SECONDARY: _____

OWNER INFORMATION:

NAME: _____

ADDRESS: _____

PHONE NUMBER: PRIMARY: _____ SECONDARY: _____

MONITORING AND INSTALLATION INFORMATION:

NAME OF INSTALLER: _____

ADDRESS: _____

PHONE NUMBER: _____ ALARM MONITRED? YES OR NO

IF ANSEWERED YES ALARM IS MONITORED

NAME OF MONITORING COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

IF ANSWERED NO ALARM NOT MONITORED

KEYHOLDER: _____

PHONE NUMBER: _____

I hereby declare that above information is accurate to the best of my knowledge. Print and sign above

Registration forms may be submitted to the building and zoning office at 41 City Hall place or you may e-mail your submission to buildinginspector@cityofplattsburgh-ny.gov. For any questions related to the registration process please call the office of building and zoning at 518-563-7707. For **Fire alarms only** you must submit your most recent annual fire alarm inspection report along with this registration form.