



CHARLEVOIX COUNTY SHERIFF'S OFFICE



AUTOMATIC FIRE AND BURGLAR ALARM REGISTRATION FORM

APPLICANT INFORMATION

NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE NUMBER: _____

ALARM ADDRESS & INFORMATION

ADDRESS OF ALARM: _____

CITY: _____ TOWNSHIP: _____

DIRECTIONS TO PROPERTY: _____

ALARM COMPANY/ALERT SYSTEM NAME: _____

DIALER SYSTEM NAME/CONTACT #: _____

REGISTRATION FEE: \$100.00

Please submit payment along with this form to the Charlevoix County Sheriff's Office.

FOR OFFICIAL USE:

DATE REGISTRATION & FEE RECEIVED: _____

FEE AMOUNT PAID: _____

RECEIPT NUMBER: _____

Phone Number: (231) 547-7236
301 State Street
Charlevoix, MI 49720