



NICHOLS HILLS POLICE DEPARTMENT
ALARM REGISTRATION

NAME: _____

ADDRESS: _____

CELL PHONE(S): _____

WORK PHONE(S): _____

HOME PHONE(S): _____

NAME OF ALARM COMPANY: PSI Security

ALARM CO. PHONE NUMBER: (405) 670-3377

TYPE OF ALARM (CHECK ALL THAT APPLY):

☐ BURGLAR ☐ FIRE ☐ MEDICAL ☐ PANIC ☐ INTRUSION ☐ OTHER

☐ AUTO DIAL ☐ COMPANY MONITORED ☐ LOUD

WHAT IS THE GATE CODE TO YOUR RESIDENCE (IF APPLICABLE):

NAMES AND PHONE NUMBERS OF KEY HOLDERS TO YOUR RESIDENCE:

1) _____

2) _____

IS THERE ANYONE RESIDING IN YOUR HOME WHO WOULD REQUIRE SPECIAL ASSISTANCE
(WHEEL CHAIR, BED CONFINED, ETC.):

SPECIAL NOTES OR ADDITIONAL INFORMATION:

PLEASE ADD ADDITIONAL SHEET IF MORE INFORMATION IS REQUIRED. IF YOU NEED TO
CHANGE ANY INFORMATION IN THE FUTURE, PLEASE EMAIL POLICE@NICHOLSHILLS.NET

FOR OFFICE USE ONLY:

DATE RECEIVED:

BADGE NUMBER & INITIALS OF PERSON ENTERING INFORMATION: