



Billy Crook
Fire Chief

CITY OF GALLATIN, TENNESSE
Mayor Jo Ann Graves

Don Bandy
Chief of Police

City of Gallatin Alarm Registration

All residential or business alarm systems are required to be registered with the City of Gallatin. PLEASE COMPLETE this form and return it to the Gallatin City Recorder's office, 132 W Main St., Room 112. You may fax to (615) 451-5916 or email to ALARMFORMS@GALLATIN-TN.GOV. If you have questions regarding this form or the alarm registration, please contact Sonja Burton at 615-451-5893. Thank you for your cooperation.

CHECK ONE:

- No Alarm
- New Alarm
- Change to Current Alarm
- No Change to Current Alarm

Date: _____

Citizen/Business Information:

Citizen Name or Business Name: _____

Address: _____

Registered Phone Number to Residence/Business: _____

Applicant's Cell Phone: _____ Applicant's Work Phone: _____

Applicant's Drivers License number: _____ Applicant's Email Address: _____

Homeowners Place of Employment: _____

Name of Subdivision/Shopping Center: _____

Number of Residents: Adults _____ Children: _____ Number of Employees: _____

Alarm Information: FIRE: _____ BURGLAR: _____ PANIC: _____ HOLD UP: _____ MEDICAL: _____

Alarm Company: _____ Alarm Company Phone Number: _____

Location of Knox Box/Key Pad: _____

Property Information:

Use of Property: Business: _____ Residence: _____ Other-please describe _____

Special Hazards: (i.e. animals inside on property, chemicals, etc.)

Any additional information for responding emergency personnel to know:

Emergency Contacts/After Business Hours Contacts:

(Minimum of 2; List closest emergency contact response first)

- 1. Name: _____ Phone: _____
Address: _____ Cell Phone: _____

- 2. Name: _____ Phone: _____
Address: _____ Cell Phone: _____

- 3. Name: _____ Phone: _____
Address: _____ Cell Phone: _____

- 4. Name: _____ Phone: _____
Address: _____ Cell Phone: _____

Signature of Applicant _____ Date _____

For a Police Alarm Dispatch: (615) 452-1313

For a Fire Alarm Dispatch: (615) 452-3636

All Emergency Calls shall be made by calling: 911

For Office Use Only:

Alarm Number: _____ Issued By: _____ Date Issued: _____ Date Expired: _____