



Alarm Registration

All residential or business alarm systems located within the city limits are required to be registered with the City of Gallatin. Complete this form and return it to the City Recorder's Office, fax to (615) 451-5916 or email to alarmforms@gallatintn.gov.

Check One: No Alarm Change to Current Alarm
 New Alarm No Change to Current Alarm

Applicant Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Name of Subdivision/Shopping Center: _____

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

Alarm Information: Fire Burglar Panic Hold-Up Medical

Alarm Company: _____ Phone Number: _____

Location of Knox Box/Key Pad: _____

Property Information:

Use of Property: Business Residential Other: _____

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

Additional information for emergency personnel: _____

Emergency Contacts/After Business Hours Contacts:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Signature of Applicant

Date

For Office Use Only

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