



City of Brentwood

Alarm Registration Form

DATE:

Name of Business or Resident		
Street Address & Suite #		
Property Phone #:	()	Rental Yes [] No []
Emergency Contact Info		
1 st Contact Name:		Phone # ()
Email Address		
2 nd Contact Name:		Phone # ()
Email Address		
3 rd Contact Name:		Phone # ()
Email Address		
Property Owner Info		
Name:		Phone # ()
Address:		Email Address:
Alarm Company Info		
Name of Alarm Co.		Phone # ()
Misc Info:	(Please include hide-a-key or pet info)	

Please return this completed alarm information form to the address below or email to:

City of Brentwood
Attn: Alarm Information
P.O. Box 788
Brentwood, TN 37024-0788
Phone: 615-371-0160 Fax: 615-371-2228
alarmregistration@brentwoodtn.gov

Note: Please update information when information changes. Thank you.