

## **ALARM REGISTRATION INSTRUCTIONS**

City of Milton Code, Chapter 12, Article 2, establishes a one-time registration for all wired, monitored, non-monitored, residential, and commercial burglar alarms systems. All current Alarm Owners will register with the City of Milton within six months after December 1st, 2006 (City of Milton's incorporation date). All new alarms installed after December 1st must be registered no later than five days after the installation.

### **False Alarm Incident Fine Schedule:**

For the second and each subsequent false alarm that occurs at the same premises within any twelve-month period, a fine shall be assessed in the amount of one hundred and fifty dollars (\$150.00); provided, however, that no burglar alarm user shall be assessed fines in excess of six hundred dollars (\$600.00) for false alarms that occur at the same premises in any twenty-four (24) hour period. For all other violations of Chapter 12, Article 2, not including false alarms, a fine shall be assessed in the amount of one hundred dollars (\$100.00), and, in addition thereto, the violator may be enjoined by the Municipal Court Judge for continuing the violation.

### **How to Register**

Complete the Alarm Registration Application and mail it to:

City of Milton-Police Department  
13000 Deerfield Parkway Suite 107F  
Milton, GA 30004  
(678) 242-2570

City of Milton Code, Chapter 12, Article 2 is available online at: [www.cityofmiltonga.us](http://www.cityofmiltonga.us).



PHONE: 678.242.2500 | FAX: 678.242.2499  
info@cityofmiltonga.us | www.cityofmiltonga.us  
13000 Deerfield Parkway, Suite 107 | Milton GA 30004



Customer ID# \_\_\_\_\_

**ALARM REGISTRATION APPLICATION**

**ALARM LOCATION:**

\_\_\_\_\_  
**Unit Number/Street Address**

**BUSINESS APPLICANT:**

Name of Business: \_\_\_\_\_

Owner/ Manager: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different than above)

Business Type (Restaurant, Bank, etc): \_\_\_\_\_

**RESIDENTIAL APPLICANT**

Occupant: \_\_\_\_\_ Day Phone \_\_\_\_\_ Eve \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different than above)

Owner: \_\_\_\_\_ Day Phone \_\_\_\_\_ Eve \_\_\_\_\_

**ALARM INFORMATION**

Monitoring Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMERGENCY INFORMATION**

(Please list persons that have access to location and will be able to respond in the event of an emergency)

Name \_\_\_\_\_ Day \_\_\_\_\_ Eve \_\_\_\_\_

Name \_\_\_\_\_ Day \_\_\_\_\_ Eve \_\_\_\_\_

Name \_\_\_\_\_ Day \_\_\_\_\_ Eve \_\_\_\_\_

Firearms kept on premises: Yes ( ) No ( )      Dog(s) kept on premises: Yes ( ) No ( )

Explain: \_\_\_\_\_

I have read and understand the ordinance that pertains to alarms in the City of Milton, the penalties for violation of the ordinance with regards to the permit applied for.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please contact Milton City Hall with any questions or concerns at: 678-242-2570*

Office Use Only: Alarm Registration Sticker # \_\_\_\_\_