

HOBBS POLICE DEPARTMENT ALARM UPDATE INFORMATION

PERMIT # _____

1. ALARM HOLDER NAME: _____

2. ALARM MAILING ADDRESS: _____

3. ALARM HOLDER PHONE #: _____

*Please update information for contact person(s)
Contacts will be called out in the order listed.*

4. NAME: _____

WORK/CELL PHONE #: _____

HOME/NIGHT PHONE#: _____

5. NAME: _____

WORK/CELL PHONE #: _____

HOME/NIGHT PHONE#: _____

6. NAME: _____

WORK/CELL PHONE #: _____

HOME/NIGHT PHONE#: _____

7. NAME: _____

WORK/CELL PHONE #: _____

HOME/NIGHT PHONE#: _____

Update the following only if you have changed alarm companies.

8. ALARM COMPANY NAME: _____

9. ALARM COMPANY ADDRESS: _____

10. ALARM COMPANY PHONE #: _____

11. CENTRAL STATION CO. NAME: _____

12. CENTRAL STATION CO. PHONE#: _____

SIGNATURE OF OWNER/RESIDENT: _____ DATE _____

*MAIL TO 301 N. DALMONT OR FAX TO (575)397-9249
ATTENTION: ALARM COORDINATOR*

HOBBS POLICE DEPARTMENT

DATE UPDATE RECEIVED: _____ DATE 10-98 IN COMPUTER: _____

INITIALS: _____