



C. RAY NAGIN  
MAYOR

CITY OF NEW ORLEANS

DEPARTMENT OF POLICE

715 South Broad Street  
New Orleans, Louisiana 70119

"to protect and to serve"



EDWIN P. COMPASS III  
SUPERINTENDENT

Under Municipal Ordinance: 17271MCS 27-8 the following registration information is required for our False Reduction Records.

Name of Alarm User: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
(PO Box or Street Number & Name) (City) (State) (Zip)

( ) Residential ( ) Commercial ( ) Apartment # \_\_\_\_\_

If Business Location:

Name of Business: \_\_\_\_\_ Tele # \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
(Street Number & Name) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
(PO Box or Street Number & Name) (City) (State) (Zip)

If Business, Name of President, CEO, Partner, Officer, or Associate responsible for Alarm System Management.

( ) President ( ) CEO ( ) Partner ( ) Associate

\_\_\_\_\_  
(Name) (Address)

( ) President ( ) CEO ( ) Partner ( ) Associate

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(Name) (Telephone)

Name of Alarm Installation/Service Co: Alarm Protection Services (504) 455-5277

Name of Monitoring Company: Alarm Protection Services (504) 455-5277

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need help or instructions to better assist you in completing this form call 826-2755.