



**REGISTRATION FORM**  
**HOME ALARM RESPONSE SERVICE**



Owner Identity	
Date:     /     /	
Last name	
First name	
Address	
Phone (home)	
Phone (work)	
Phone (cell)	
Email address	
ID type	

Monitoring Station		
Station name		
Telephone number		
ID code	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:
Other responder	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:
Other responder	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:

Emergency Contact #1	
(Last name, first name)	
Telephone number #1	
Telephone number #2	
Relationship to resident	Has a key: <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact #2	
(Last name, first name)	
Telephone number #1	
Telephone number #2	
Relationship to resident	Has a key: <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information	
Presence of dog or other animal: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

*Statement to be signed on reverse*



By registering with the Priority Alarm Response Service, I understand the following:

- The service offered is not a substitute for a response by the City of Montréal Police Service, which is solely authorized to enforce the Criminal Code and has the authority to arrest, investigate, and make criminal charges against any person.
- The service provided includes the dispatch of an additional responder who is able to arrive at the scene quickly and, in certain circumstances, may assist law enforcement officers in their work, such as providing information about potential suspects or evidence.
- The primary objective of this service is to prevent crime. Stickers are provided to indicate that this service is active and to publicize the existence of this program with the aim of deterring criminals from committing crimes in the Town of Mount Royal.
- Public Security shall not be held responsible for any delayed response that may occur in certain circumstances or for any crimes or damage to my property.
- It is my responsibility to provide my private alarm company with accurate contact information, authorizations, and instructions, so that they contact me immediately after alerting 9-1-1, before any other contact, to limit response time.
- It is my responsibility to provide Public Security with any information that may affect the service offered, including my wish to terminate the service.

Signed, owner of the residence at: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\* Public Security may terminate this service at any time by providing notice to this effect. There is no charge for this service or for false alarms. However, in the event of repeated false alarms, Public Security may suspend the service or may ask you to take the necessary action to restore the service.**