



Alarm Information Sheet

Submit completed form to:

By email: 911center@co.livingston.ny.us
By fax: (585)243-7109 - Attn: Communications
By mail: Communications Bureau
Attn: Dispatcher McKeown
4 Court Street, Geneseo, New York 14454

If you have any questions regarding this form, please contact the Livingston County Sheriff's Office Communications Bureau at (585) 243-7100.

Date: _____

Resident or Business Location:

Name: _____
Address: _____ City: _____ State: _____
Phone: _____ Fax: _____ Cell: _____
Alarm Company: _____
Alarm Company Phone Number: _____

Type of Alarm: Burglar Panic Video Camera Fire

Primary Keyholder Information:

Name: _____
Address: _____ City: _____ State: _____
Phone Numbers: (H): _____ (C): _____

Alternate Keyholder Information:

Name: _____
Address: _____ City: _____ State: _____
Phone Numbers: (H): _____ (C): _____

Resident/Business Contact Information: (If Different from Above)

Name: _____
Address: _____ City: _____ State: _____
Phone Numbers: (H): _____ (C): _____

****Please notify the Livingston County Sheriff's Office as soon as possible at (585) 243-7100 if any of the above information changes.****