HUNTSVILLE POLICE DEPARTMENT
CITY OF HUNTSVILLE
ALARM MANAGEMENT UNIT
815 WHEELER AVENUE; HUNTSVILLE, AL 35804
(256) 427-5621

Monitoring Company Registration Requirements

All monitoring stations performing direct or indirect monitoring services for alarm systems within the Huntsville Police Department (HPD) response jurisdiction are required to register with the HPD Alarm Management Unit annually.

Documents Required

- Huntsville Police Department Registration Form
- AESBL License

Please return the completed documentation to:

Huntsville Police Department
Alarm Management Unit
P.O. Drawer 2085
Huntsville, AL 35804

Dispatch Requirements

When requesting police dispatch, monitoring stations must provide the following:

- Alarm Permit Number
- Alarm Activation Zone

Note: Enhanced verification of alarms is required. Alarm cancellations are accepted from monitoring stations ONLY. Verified response is required on all requests, with the exception of request for response to commercial fire, gas or CO_2 emergencies.

DO NOT request police response for:

- Low Battery
- A/C Loss
- Phone Line Disruptions
- Environmental Alerts

IMPORTANT

It is unlawful to perform business in the city limits of Huntsville prior to being properly licensed and registered with the Huntsville Police Department.

HUNTSVILLE
The Star of Alabama

Police Department
256.722.7100
docpolicequestions@huntsvilleal.gov

MONITORING COMPANY REGISTRATION

Applicant Information			
Company Name:		AESBL Number:	
Mailing Address:			
City:		State:	ZIP Code:
Physical address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Personnel Information			
Manager Name:		AESBL Number:	
Phone:	Fax:	Email:	
Licensing Manager:		AESBL Number:	
Phone:	Fax:	Email:	
Central Station			
Contact Name:		Phone:	Fax:
Alarm Companies Monitored			
Name:		AESBL Number:	
Mailing Address:			
City:		State:	ZIP Code:
Primary Contact:		Phone:	Fax:
Name:		AESBL Number:	
Mailing Address:			
City:		State:	ZIP Code:
Primary Contact:		Phone:	Fax:
Name:		AESBL Number:	
Mailing Address:			
City:		State:	ZIP Code:
Primary Contact:		Phone:	Fax:
Name:		AESBL Number:	
Mailing Address:			
City:		State:	ZIP Code:
Primary Contact:		Phone:	Fax:
Name:		AESBL Number:	
Mailing Address:			
City:		State:	ZIP Code:
Primary Contact:		Phone:	Fax:
SIGNATURE			
Printed Name:			
Signature:		Date:	

Print Form

Submit Form