

**CITY OF SAVANNAH  
ALARM REGISTRATION FEES  
MONTHLY RETURN**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

REPORT FOR MONTH OF: \_\_\_\_\_ YEAR: \_\_\_\_\_

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THIS RETURN IS SUBJECT TO AUDIT

- 1. TOTAL NUMBER OF RESIDENTIAL CUSTOMERS \_\_\_\_\_
- 2. RESIDENTIAL FEES DUE (LINE 1 X \$1.00) \_\_\_\_\_
- 3. TOTAL NUMBER OF COMMERCIAL CUSTOMERS \_\_\_\_\_
- 4. COMMERCIAL FEES DUE (LINE 3 X \$2.00) \_\_\_\_\_
- 5. TOTAL FEES DUE (ADD LINES 2 AND 4) \_\_\_\_\_

PAYMENT MUST BE RECEIVED IN THE REVENUE DEPARTMENT BY THE  
15<sup>TH</sup> DAY OF THE MONTH FOR THE PRECEDING MONTH.

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I declare under penalties prescribed that the information provided in this return is true and correct to the best of my knowledge and belief.

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

Title: \_\_\_\_\_ Phone # \_\_\_\_\_

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Return this form with check for the amount shown on line 5 made payable to the City of Savannah to:

CITY OF SAVANNAH REVENUE DEPT  
ALARM COORDINATOR  
P.O. BOX 1228  
SAVANNAH, GA 31402