

CoM False Alarm Management System Citizen Portal: Account Registration Instructions

Step 1. Registration

Navigate to <u>City of Memphis FAMS Citizen Portal</u>. Login to your account. Click Registration on the left-hand menu.

Username, Password, and Click Submit

Home Page City of Memphis -	x +	- 0 ×
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MEMPHIS	CITY OF MEMPHIS, TENNESSEE False Alarm Reduction Program	A* A A*
False Alarm Reduction Fo	orms Validate Address Alarm Ordinance Frequently Asked Questions Contact Us	
Fyou have an alarm system Permit Registration and Pa	and you wish to register, please click :: Apply for Alarm trations	i negligence of the owner or user of
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	City of CITY OF MEMPHIS, TENNESSEE False Alarm Reduction Program	
Registration	REGISTRATION DETAILS	
Payments	Permit Information	
Invoices Change Password	Registrant Name PM AM TEST PERMIT R Street Address 100 TEST ST A Apt./Suite	
Alarm Ordinance	ZIP Code 38109 Phone XXXXXXXX Fax	
	Email kunald@pmam.com Status Renewed Validity period	
City of N Disclaime	Aemphis - False Alarm Reduction Program PO BOX 178, MEMPHIS, TN, 38101-0178, Phone: 901-636-6380, FAX: 901-636-638 er: Every effort is made to ensure that the data is accurate, verified, and up-to-date. However, data is accurate within 72 hours, excluding we	

1.a. Registration Details: Permit Information and Billing Information

In Permit Information, fill out the empty and applicable fields, including Phone, Fax (if applicable), and your email address.

In Billing Information, fill in the required fields for the billing Name, Address, ZIP Code, and Email. If the other fields apply, fill them in as well. *Note: If you attempt to submit your registration without a required field, you will be prompted to add that information.

						人
Permit Information	1					
Registrant Name	PMAM	Street Address	325 N CLAYBROOK ST	Apt./Suite		
ZIP Code	38104	Phone	123-213-2133	Fax	XXX-XXX-XXXX	
Email	adityas@pmam.com	Status	Issued	Validity period	07/01/2024 to 06/30/2025	
						_
Billing Information						Address out of US(2)
Name *	PM AM Corporation	Attention		Address *	125 N MAIN ST	
ZIP Code *	38103	Phone	XXX-XXX-XXXX	Ext.		
Fax	XXX-XXX-XXXX	Email	someone@example.com	City	MEMPHIS, TN 🗸	

Permit Information and Billing Information

1.b. Registration Details: Alarm Information and Permit Holder Information

Use the dropdown menus in the fields for Type, Installed by, and Monitored by to select the correct option for your alarm system.

Type any necessary Medical Information and/or Pet Information in the boxes provided under Special Medical Concerns.

Alarm Information and Permit Holder Information

Alarm Information				
Site Type	Residential	Permit Type	ALARM PERMIT	Valid for
End Of Jun	^		~	
Туре	-Select-	Installed by	PMAM ALARM (M. ~	Monitored by
Permit Holder Info	ormation			Address out of US(2)
Name *	PM AM TEST PERMIT R	Address *	100 TEST ST	ZIP Code *
38109				
Phone 1	XXX-XXX-XXXX	Ext.		Phone 2
XXX-XXX-XXXX				
Ext.		Email	someone@example.com	City
MEMPHIS, TN	•			

1.c. Registration Details: Special Medical Concerns and Custom Fields

Type any necessary Medical Information and/or Pet Information in the boxes provided under Special Medical Concerns.

In the Custom Fields box, click Yes or No next to Bankrupt.

Special Medical Concerns and Custom Fields

ledical Information	Pet Information
	(max 250 chars) (max 250 chars) (max 250 chars)
Custom Fields	
Bankrupt	OYes⊚No

1.d. Registration Details: Contact Information

In the Contact Information box, fill in the required fields for Name and Phone. If extensions, FAX numbers, or emails apply, fill in that information here. At least **two (2)** contact persons are required.

Contact Information

Name *	Address	ZIP Code Phone 1 * Ext. Phone 2 Ext. Fax Email
TEST1		XXXXX,XXX 111-111-1111 XXX-XXX-XXX XX XXX-XXX
TEST2		[XXXXX,XX] [111-111-1111] [XXX-XXX-XXX] [XXX-XXX-X]
		Submit

City of Memphis - False Alarm Reduction Program | PO BOX 178, MEMPHIS, TN, 38101-0178, Phone: 901-636-6380, FAX: 901-636-638 Disclaimer: Every effort is made to ensure that the data is accurate, verified, and up-to-date. However, data is accurate within 72 hours, excluding we

Once the Registration Details are completed, click Submit.

1.e. Registration Details: Updated

When you receive a message from product.cityalarmpermit.com, you will know your registration details have been successfully updated. Click OK to clear the message.

Registration Details Updated

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_ogout	Medical Information	hation	nation								
			(max 250 chars) (max 250 chars) (max 250 chars)							ars))
	Custom Fields								1		
	Bankrupt OYes@No										^
			- Hinden soop								Ŧ
	Contact Information (A	At least 2 contact	person(s) is require	d.)	Ext	Dhana 2	Ext	Fax	Email		
	Name *	Address		Phone 1 "	Ext.		EXt.		Email		
	TEST2			111-111-1111		XXX-XXX-XXX		XXX-XXX-X			
				Subr	nit			,	(