

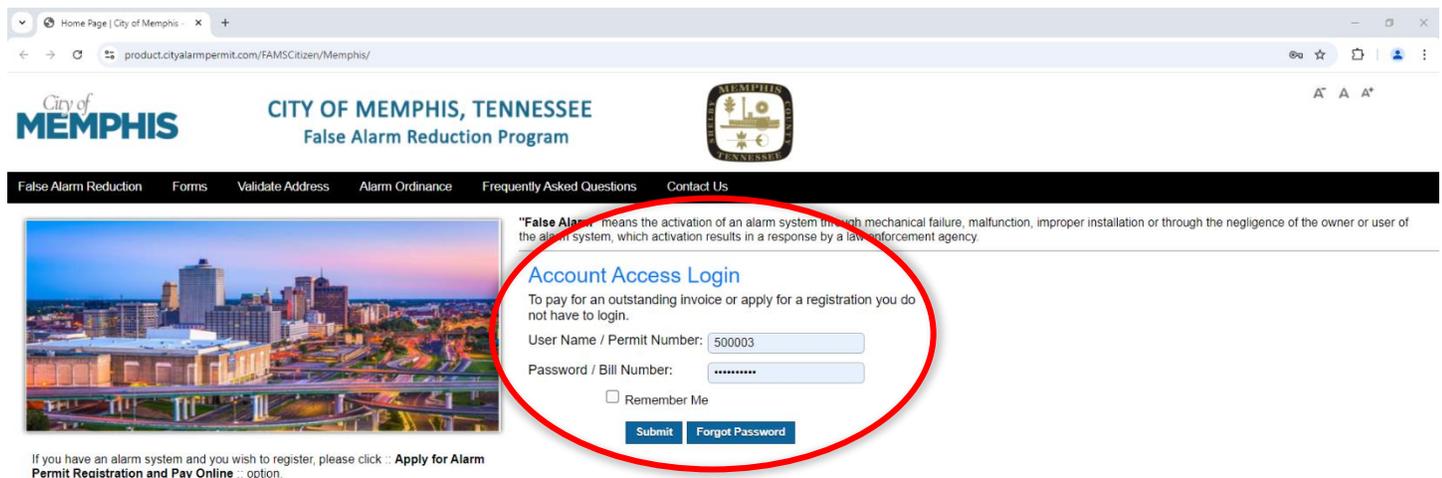
# CoM False Alarm Management System

## Citizen Portal: Account Registration Instructions

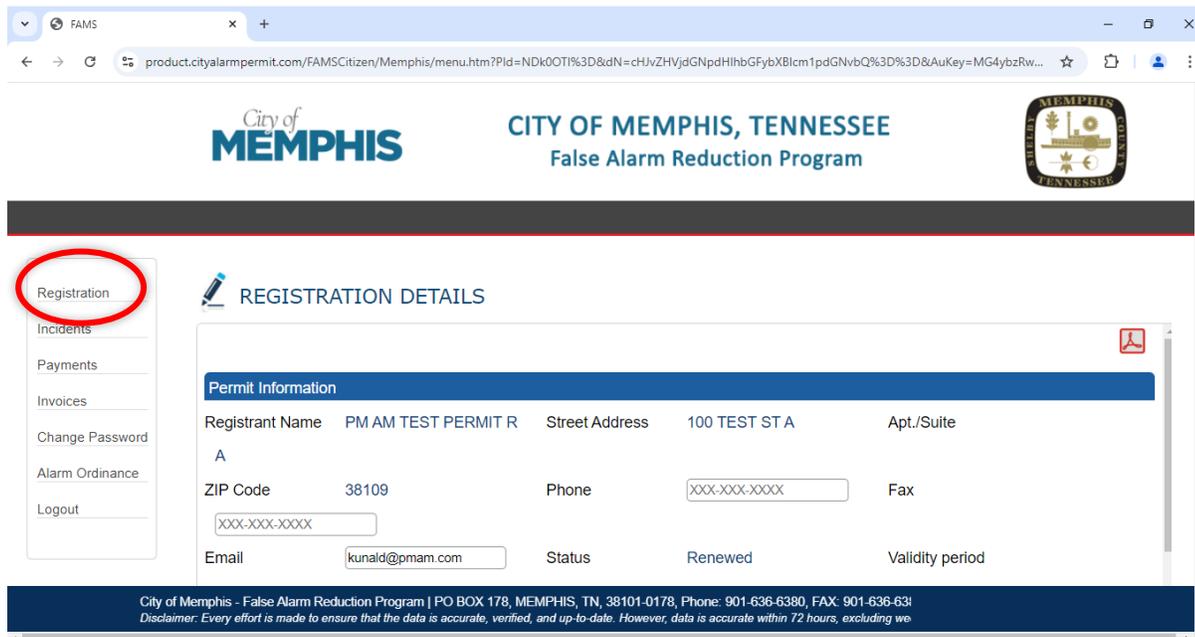
### Step 1. Registration

Navigate to [City of Memphis FAMS Citizen Portal](#). Login to your account. Click Registration on the left-hand menu.

#### Username, Password, and Click Submit



#### Click Registration



## 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.

### Permit Information and Billing Information

Permit Information					
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					
Name *	PMAM 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

## 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				
Type	-Select-	Installed by	PMAM ALARM (M)	Monitored by
				PMAM ALARM (M)

Permit Holder Information				
Name *	PMAM 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

Special Medical Concerns

Medical Information  (max 250 chars)

Pet Information  (max 250 chars)

Custom Fields

Bankrupt  Yes  No

Window Snip

### 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

Contact Information (At least 2 contact person(s) is required.)

Name *	Address	ZIP Code	Phone 1 *	Ext.	Phone 2	Ext.	Fax	Email
TEST1	<input type="text"/>	XXXX,XX	111-111-1111	<input type="text"/>	XXX-XXX-XXX	<input type="text"/>	XXX-XXX-X	<input type="text"/>
TEST2	<input type="text"/>	XXXX,XX	111-111-1111	<input type="text"/>	XXX-XXX-XXX	<input type="text"/>	XXX-XXX-X	<input type="text"/>

Submit

City of Memphis - False Alarm Reduction Program | PO BOX 178, MEMPHIS, TN, 38101-0178, Phone: 901-636-6380, FAX: 901-636-631  
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

MEMPHIS, TN

product.cityalarmpermit.com says  
Registration details has been updated.

OK

Special Medical Concerns

Medical Information  (max 250 chars)

Pet Information  (max 250 chars)

Custom Fields

Bankrupt  Yes  No

Window Snip

Contact Information (At least 2 contact person(s) is required.)

Name *	Address	ZIP Code	Phone 1 *	Ext.	Phone 2	Ext.	Fax	Email
TEST1	<input type="text"/>	XXXX,XX	111-111-1111	<input type="text"/>	XXX-XXX-XXX	<input type="text"/>	XXX-XXX-X	<input type="text"/>
TEST2	<input type="text"/>	XXXX,XX	111-111-1111	<input type="text"/>	XXX-XXX-XXX	<input type="text"/>	XXX-XXX-X	<input type="text"/>

Submit

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