

Business Index and Alarm Registration Form

*******PLEASE PRINT OR TYPE ALL INFORMATION*******

Business Name or Home Owner		Phone
Address of Premises (Include Suite or Apt. Number, if applicable)		
If Business, Name and Address of Owner(s)		Phone
List three emergency contacts in priority order who are key holders and have knowledge of your property.		
Name (1)		Title
Full Address		Phone
Name (2)		Title
Full Address		Phone
Name (3)		Title
Full Address		Phone
IF PREMISE IS ALARMED, PLEASE COMPLETE THE FOLLOWING SECTION OF THIS FORM		
Type of alarm(s): () Hold Up () Burglar () Fire () Panic () Medical Alert () Other _____		
Name of Alarm Company		Phone
Address		
Does this alarm reset automatically?		If it does, after how many minutes?
If this is a commercial property, what type of business is conducted at the location?		
ARE YOU AWARE OF THE TOWNSHIP ORDINANCE, 6-1.6, GOVERNING ALARM SYSTEMS? () YES () NO		
IS THIS ALARM UNIT PROGRAMMED TO COMPLY WITH TOWNSHIP ORDINANCE 6-1.6 GOVERNING ALARM SYSTEMS? () YES () NO		
Printed Name Of Registrant	Registrant's Signature	Date
ADDITIONAL INFORMATION:		
Do you have any pets? (provide: species, breed, name, etc.)		
Any hazardous materials stored or used at your property?		
Number of occupants in your building		
Are there surveillance cameras on your property? Yes () or No ()		
Additional information if needed		