

ALARM REGISTRATION

Return to: 35 WEST RAILROAD AVENUE, SHREWSBURY, PA 17361

PERMIT # \_\_\_\_\_ EMERGENCY INFORMATION  
SOUTHERN REGIONAL POLICE DEPARTMENT

Name:		Business Type:	
Address:		City:	State: Zip:
Phone:		Business e-mail address:	
Alarm Company Name:	Alarm Company Contact Phone:	Alarm Company Contact Person:	
Type of Device: <input type="checkbox"/> Burglar <input type="checkbox"/> Fire <input type="checkbox"/> Medical <input type="checkbox"/> Other(Explain)		Type of Alarm: <input type="checkbox"/> Silent <input type="checkbox"/> Audible <input type="checkbox"/> Both	

EMERGENCY CONTACTS  
(Provide first contacts as local persons with key in case of emergency)

Contact 1:	Cellular:	Phone:
Contact 2:	Cellular:	Phone:
Contact 3:	Cellular:	Phone:
Contact 4:	Cellular:	Phone:

List Hazardous Materials Stored At Business:

Comments:

Date: Updated: (Police Dept. Use Only)