



Anne Arundel County Police Department

Attn: False Alarm Reduction Administrator

8495 Veterans Highway

Millersville, Maryland 21108-1485

Phone: (410) 222-0045

Fax: (410) 222-0052

Colonel James Teare, Sr.
Chief of Police

INSTRUCTIONS: Print legibly or type. Complete all items. Complete a separate form for EACH address to be permitted.

Alarmed Location Business Residence Government Other: _____

Occupant Name or Business Name	Phone 1
Address Suite/Apt#	Phone 2
City State Zip	Business Type (retail, restaurant, etc.)
Alarm Use/Purpose (check all that apply): <input type="checkbox"/> Burglar <input type="checkbox"/> Panic <input type="checkbox"/> Robbery <input type="checkbox"/> Duress <input type="checkbox"/> Silent <input type="checkbox"/> Audible <input type="checkbox"/> Auto reset <input type="checkbox"/> Manual reset <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	

Responsible Party/ Mailing Address (if different)

Name	Title (if business)	Phone 1
Address Suite/Apt#		Phone 2
City State Zip		email address (optional)

Contact Names (Listed person(s) must be able to respond within 30 minutes and be able to deactivate the alarm.)

REQUIRED	Name	Phone 1
	Address	Phone 2
OPTIONAL	Name	Phone 1
	Address	Phone 2

Alarm Monitor/Company/Service (Required information)

Installed By	Address	Phone	Date installed
Monitored By	Address	Phone	<input type="checkbox"/> Not monitored
Serviced/Repaired By	Address	Phone	

I have read the completed application and know the above listed information is correct to the best of my knowledge. I certify that I have received a set of written operating instructions for the alarm system, including guidelines on how to avoid false alarms and I certify the alarm system was installed on the date indicated. I understand this registration is valid for a two-year period and is not transferrable. I further understand that I must notify the Alarm Administrator in writing within ten (10) business days of a change in any information contained in this registration.

Signature _____

Date _____