



STEPHANIE RAWLINGS-BLAKE
MAYOR

ALARM USER REGISTRATION STATEMENT

BALTIMORE POLICE DEPARTMENT
FALSE ALARM REDUCTION PROGRAM
P.O. Box 17283
Baltimore, MD 21297-1283

410-396-3575 • alarmregistration@baltimorecity.gov



ANTHONY W. BATTS
POLICE COMMISSIONER

Register your alarm online at www.baltimorehousing.org

ADDRESS WHERE ALARM IS LOCATED

Street number	Street name	Suite number
City	State	Zip code
Telephone	Alarm type <input type="checkbox"/> Burglar <input type="checkbox"/> Panic <input type="checkbox"/> Medical <input type="checkbox"/> Robbery/hold up	
RESIDENTIAL ALARM USER INFORMATION Please complete this section only if you are a residential user		COMMERCIAL ALARM USER INFORMATION Please complete this section only if you are a commercial user
Alarm user name	Name of business entity	
Mailing address (if different from alarm location)	Trade name used by business	
City, state, zip code	Owner or president of business	
Telephone	Mailing address	City, state, zip
Email address	Telephone Em	ail address
	Type of business	

ADDITIONAL INFORMATION

Additional contact information

List someone other than the owner, who can respond to an alarm activation

Name Telephone

Alarm service/install company

Company name License no. Telephone Email address

Alarm monitoring company

Company name License no. Telephone Email address

Special conditions

List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.

There is no fee to register your alarm

Mail your registration statement to: False Alarm Reduction Program, P.O. Box 17283 Baltimore MD 21297-1283