

## City of Wilmington False Alarm Reduction Program Wilmington Police Department

## A NON-REFUNDABLE \$20.00 PERMIT/REGISTRATION FEE MUST BE SUBMITTED WITH EACH PERMIT/REGISTRATION FORM. MAKE CHECK OR MONEY ORDER PAYABLE TO THE CITY OF WILMINGTON.

	me:First Name		Last Name		
Alarm Location:	Street Number	Street Prefix	Street Name	Street Suffix	Suite/Apt No
City			State	Zip Code	
Home Phone		Work Phone	Cell Phone or Pager	Email Address	
B. Commercia	al Alarm User Inf	Commercial (Commercial	Alarm Users, please complete Sec	ctions B through G	
Name of Corporat	ion, Sole Proprietor,	or Partners			
Trade Name(s) us	ed by Business				
Alarm Location	1: Street Number	Street Prefix	Street Name	Street Suffix	Suite/Apt No
					ī
Owner or Presi	dent of Business: _	First Name	Last Name		
Home Phone		Work Phone	Cell Phone or Pager	Email Address	
Local Manager	:				
		First Name	Last Name		
Home Phone		Work Phone	Cell Phone or Pager	Email Address	
C. Mailing Ad	ldress: (If differen	nt from location of Alarm	System)		
D. Contact Inf	formation: (List t	wo people, other than the	owner, who can respond to an alar	m activation)	
1st Contact Nan				,	
		First Name	Last Name		
Home Phone		Work Phone	Cell Phone or Pager	Email Address	
2 <sup>nd</sup> Contact Nam	e:	First Name	Last Name		
Home Phone		Work Phone	Cell Phone or Pager	Email Address	
E. Alarm Serv	vice/Install Compa	any:			
Contact Per	son:			Phone:	
G. Special Con	nditions: (List haz	zardous conditions/materia	als, guard dogs, security personnel,	weapons, directions to alarm	site, etc.)
I have read the	e completed appli	cation and know the sa	me is true and correct and here	by agree that if a permit i	s issued, I will
			pplicable City laws. I accept re	esponsibility for payment	of all fees and
•	•	tion of the alarm system			
SIGNATURE:			DATE:		

PLEASE REMIT REGISTRATION FORM AND PAYMENT TO: