

Registration Number ______(FPD use only)

Frederick Police Department
False Alarm Reduction Unit
100 West Patrick Street
Frederick, MD 21701
301-600-2139 * Fax: 301-600-2082

COMMERCIAL ALARM PERMIT REGISTRATION

	L ALARM PERMIT REGISTRATION	
ALARM USER INFORMATION:		
Corporation Name		
Business Name/Doing Business As		
Alarm Location Address/Suite No		
Alarm Location City, State, Zip Code		
Resident Agent Name		
Resident Agent Address		
Local CEO Name		
Mailing/Billing Address (if different than abo	ve)	
Business Phone #	Business Fax #	
Business email address		
Type of Business (construction, medical, research	arch, etc)	
LIST TWO CONTACT PEOPLE IN T the alarm user/operator who can respo	THE EVENT OF AN ALARM OR EMERGENCY and to an alarm activation):	(other than
1. Full Name (First, MI, Last)		_
Home Phone #	Work Phone #	_
Cell Phone #	Other # (specify)	-
2. Full Name (First, MI, Last)		-
	Work #	
Cell Phone #	Other # (specify)	-
ALARM INFORMATION:		
Type of Alarm (burglar, panic, etc)		
Special or Dangerous Conditions at Alarm Location	n (hazardous chemicals, watch dog, security personnel, etc)	
Alarm Activation Date:	-	
ALARM COMPANY INFORMATION	N:	
Alarm Company Name		
Alarm Company Phone #		
Monitoring Company Name/Phone #		-
response. By registering an alarm system, the alarm	nor will it create a contract, duty or obligation, either expressed or in user acknowledges that police response may be based on factors s conditions, traffic conditions, emergency situations and staffing lev	uch as

Printed Name

Date

Authorized Company Representative Signature