

Check box if this is a renewal



Registration No. \_\_\_\_\_  
(FPD use only)

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

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**RESIDENTIAL ALARM PERMIT REGISTRATION**

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**ALARM USER INFORMATION:**

Full Name (First, MI, Last) \_\_\_\_\_

Alarm Location Address/Suite No. \_\_\_\_\_

Alarm Location City, State, Zip Code \_\_\_\_\_

Property Owner Full Name (if different than above) \_\_\_\_\_

Mailing/Billing Address (if different than above) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

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**LIST TWO CONTACT PEOPLE IN THE EVENT OF AN ALARM OR EMERGENCY (other than the alarm user/operator who can respond to an alarm activation):**

1. Full Name (First, MI, Last) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Other # (specify) \_\_\_\_\_

2. Full Name (First, MI, Last ) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Other # (specify) \_\_\_\_\_

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**ALARM INFORMATION:**

Type of Alarm (burglar, Panic, etc) \_\_\_\_\_

Special or Dangerous Conditions at Alarm Location (handicapped persons, watch dog, etc)  
\_\_\_\_\_

Alarm Activation Date: \_\_\_\_\_

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**ALARM COMPANY INFORMATION:**

Alarm Company Name \_\_\_\_\_

Alarm Company Phone # \_\_\_\_\_

Monitoring Company Name/Phone # \_\_\_\_\_

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Registration of an alarm system is not intended to, nor will it create a contract, duty or obligation, either expressed or implied, of response. By registering an alarm system, the alarm user acknowledges that police response may be based on factors such as availability of police units, priority of call, weather conditions, traffic conditions, emergency situations and staffing levels.

\_\_\_\_\_  
Alarm User's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date