



**Frederick Police Department
False Alarm Reduction Unit
100 West Patrick Street
Frederick, MD 21701**

301-600-2139 * Fax: 301-600-1866

Registration#

COMMERCIAL ALARM PERMIT REGISTRATION

CORPORATION NAME

BUSINESS NAME/DOING BUSINESS AS

ALARM LOCATION ADDRESS/SUITE No.

RESPONSIBLE PERSON/PARTY

MAILING/BILLING ADDRESS

BUSINESS PHONE #

RESPONSIBLE PARTY PHONE#

RESPONSIBLE PARTY EMAIL ADDRESS

KEY HOLDER INFORMATION

NAME

PHONE 1

PHONE 2

NAME

PHONE 1

PHONE 2

ALARM INFORMATION

Does your burglar alarm have a panic/duress feature? _____
Special or Dangerous Conditions at Alarm Location (Handicapped persons, watch dog, etc.)

Alarm Activation Date: _____

ALARM COMPANY INFORMATION

ALARM COMPANY NAME/PHONE NUMBER

ALARM COMPANY MD STATE LICENSE NUMBER

MONITORING COMPANY NAME/PHONE NUMBER

MONITORING COMPANY MD STATE LICENSE NUMBER

Registration of an alarm system is not intended to, nor will it create a contract, duty or obligation, either expressed or implied, or 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