

## LOWER FREDERICK TOWNSHIP POLICE DEPARTMENT

53 SPRING MOUNT ROAD, SCHWENKSVILLE, PA 19473

PHONE: (610) 287-4434 www.lowerfrederick.org

## **ALARM SUBSCRIBER EMERGENCY NOTIFICATION & REGISTRATION FORM**

YOUR INFORMATION		
Today's Date:	Your Name:	
Your Address:		
Address of business or residence where a	larm is located (Leave blank	k if this is the same address as above):
Your Phone Number:	Alterna	ate or Email Address:
EMERGENCY NOTIFICATION		
#1 Emergency Contact Name:		Phone:
Address:		Email:
#2 Emergency Contact Name:		Phone:
Address:		Email:
#3 Emergency Contact Name:		Phone:
Address:		Email:
INFORMATION ABOUT YOUR ALAF	RM	
Alarm Company:		Alarm Company Phone Number:
Type of Alarm System (Check all that app	ly): Burglary □	Hold-Up/Panic □ Fire □
Other		
When the alarm is activated, it will be:	Silent   Audibl	le (Outside) □ Audible (Inside) □
Any additional information you would like	toadd:	
If any of the above information cha	unges, please notify the Lo	ower Frederick Township Police Department immediately.
* *	3719, scanned and email the township building or the	led to <a href="mailto:staff@lowerfrederick.org">staff@lowerfrederick.org</a> , or dropped off in person to he police department.
Signature of Alarm Subscriber		Police Report Number (To be completed by police)