

Elsmere Bureau of Police Alarm Registration Form

Complete Form, Print Out Form and Mail to: Elsmere Police Department 11 Poplar Avenue, Elsmere DE, 19805

RESIDENCE Check Box

BUSINESS Check Box

Name

Address

City

State

Zip Code

Telephone (s): Residence

Other

OWNER: SAME AS ABOVE

Name

Address

City

State

Zip Code

Telephone (s): Residence

Check Box

Other

Contacts if owner can't be reached:

Name

Address

City

State

Zip Code

Name

Address

City

State

Zip Code

ALARM COMPANY

Name

Address

City

State

Zip Code

Elsmere Bureau of Police

Alarm Registration Form (cont.)

ALARM SYSTEM

Make & Model _____

Please check all that apply:

- Open Doors (only) Open Windows Glass Breakage
- Motion

DATE OF INSTALLATION

DOES THE ALARM RESET ITSELF?

- YES NO Reset Time _____

LOCATION OF ALARM CONTROL:

NOTE: All audible alarm systems must cease emitting sound within 15 minutes after activation (Ord. 319. 16.)

BUILDING INFORMATION

CHECK IF ANY OF THE FOLLOWING ARE ON THE PREMISES:

- Employees residing at premises Night Lights (indicated times they are on/off:
- Security Guard ON _____ OFF _____
- Dogs
- Special Building Features (explain) _____

DISCLOSURE AND SIGNATURE

Note: Information provided on this form is limited to law enforcement use.

Signature of owner or representative completing form

Official Use:

DATE COMPLETED: _____