



# FALSE ALARM REDUCTION PROGRAM

# ALARM REGISTRATION

CPD Assigned Permit Number:  
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Choose 1:  Residential Alarm  Commercial Alarm      Choose 1:  Monitored Alarm  Non-Monitored Alarm

Check all that apply:  Burglary Alarm  Hold-Up Alarm  Duress Alarm  Panic Alarm  Medical Alarm  Fire Alarm  Video/Voice Alarm

RESPONSIBLE PERSON (ALARM USER):		BUSINESS NAME (IF COMMERCIAL ALARM):	BUSINESS TELEPHONE:
RESPONSIBLE PERSON'S MAILING ADDRESS:		PHYSICAL ADDRESS WHERE ALARM SYSTEM IS LOCATED:	
RESPONSIBLE PERSON'S HOME TELEPHONE:		RESPONSIBLE PERSON'S WORK TELEPHONE:	TYPE OF BUSINESS (IF COMMERCIAL ALARM):
RESPONSIBLE PERSON'S CELLULAR TELEPHONE:	RESPONSIBLE PERSON'S EMAIL ADDRESS:		
1 <sup>st</sup> EMERGENCY CONTACT NAME:		1 <sup>st</sup> EMERGENCY CONTACT ADDRESS (INCLUDE CITY & STATE):	
1 <sup>st</sup> EMERGENCY CONTACT PHONE:		1 <sup>st</sup> EMERGENCY CONTACT PHONE:	1 <sup>st</sup> EMERGENCY CONTACT EMAIL ADDRESS:
2 <sup>nd</sup> EMERGENCY CONTACT NAME:		2 <sup>nd</sup> EMERGENCY CONTACT ADDRESS (INCLUDE CITY & STATE):	
2 <sup>nd</sup> EMERGENCY CONTACT PHONE:		2 <sup>nd</sup> EMERGENCY CONTACT PHONE:	2 <sup>nd</sup> EMERGENCY CONTACT EMAIL ADDRESS:
ALARM MONITORING SERVICE:	ALARM MONITORING SERVICE TELEPHONE:	ALARM MONITORING SERVICE REPRESENTATIVE (IF ASSIGNED):	
ALARM INSTALLATION SERVICE:	ALARM INTSTALLATION SERVICE TELEPHONE:	SALESPERSON:	

The information provided above is accurate to the best of my knowledge. I understand that this registration of my alarm system is not a contract between myself and the Cramerton Police Department but is in response to the Town of Cramerton Ordinance that requires registration of alarm systems. I understand that police response to alarm activations may be influenced by factors including, but not limited to the availability of police units, priority of calls, weather conditions, traffic conditions, emergency conditions, staffing conditions, etc. I understand that police response to alarm activations may be suspended for excessive false alarms as indicated in the Burglar Alarm Ordinance. I understand that persons who have agreed to be emergency response contacts to alarm activations on my behalf must have access to the alarm site, have authority over the property upon their arrival at the alarm site, and be able to be at the alarm site within twenty (20) minutes of notification. I understand that I must notify the Cramerton Police Department of any change that alters any of the information listed on this Alarm Registration Form within five (5) business days of such change(s).

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Signature of Responsible Person (Alarm User)

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Date of Registration