

# 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.)

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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.)*

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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) \_\_\_\_\_

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DISCLOSURE AND SIGNATURE

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

Signature of owner or representative completing form

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Official Use:

DATE COMPLETED: \_\_\_\_\_