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ALARM REGISTRATION

Where is alarm installed?

Business () Residence () Owned () Leased ()

Name _____ Owner Name _____
 Address _____ Address _____
 Phone No. _____ Phone No. _____

Alarm Information:

Alarm Co. Name _____ Phone No. _____
 Date Installed _____ Service Contract: Yes () No ()

Alarm Type: (check all that apply)

Police	Y	N	Fire	Y	N	Medical	Y	N
Intrusion:		Y	N			Heat:	Y	N
Hold-up:		Y	N			Smoke:	Y	N
Motion:		Y	N			Sprinkler:	Y	N
Audible (Loud):		Y	N			Manual:	Y	N
Inside/Outside:		I	O			Auto Dialer:	Y	N

Auto Dialer Information: _____

Emergency Contacts: (two names required in addition to above - local number preferred)

*Please make sure the parties listed below has access to alarm code.

1. Name _____
 Address _____
 Phone No. () _____
 Listed: yes () no ()
2. Name _____
 Address _____
 Phone No. () _____
 Listed: yes () no ()
3. Name _____
 Address _____
 Phone No. () _____
 Listed: yes () no ()

Return to: Allentown Police Department
 Crime Prevention - Alarms
 425 Hamilton Street
 Allentown, PA 18101-1603
 (610)437-7719 Fax (610) 439-5952