



Maple Shade Police Department
Township of Maple Shade
In the County of Burlington



Christopher J. Fletcher
Chief of Police

ANNUAL ALARM REGISTRATION - \$5.00

Owner/Occupant: Home Phone:

Location Address: Cell Phone:

City, State, Zip:

Email:

Mailing Address:
(If different from address of alarm site)

Please list Emergency Contacts in order of priority, who can respond in 30 minutes, in the event of alarm activation.

- 1. Address: Home Phone: Cell Phone:
2. Address: Home Phone: Cell Phone:
3. Address: Home Phone: Cell Phone:

Registration Expires on December 31st. It is the responsibility of the applicant to renew.

Please make check payable to Maple Shade Township and return it, along with this registration form, to the Maple Shade Police Department. To obtain a copy of the Ordinance and registration form, go to www.mapleshade.com.

Note: Police response to alarm calls may be influenced by factors including but not limited to the availability of officers, priority of calls, weather conditions, traffic conditions, emergency conditions and staffing levels just to name a few and as such, any response will be predicated upon these factors. Further, you or your Emergency Contact MUST respond within 30 minutes to an alarm activation when requested to do so by police. To report/cancel an activated alarm contact central dispatch at (609) 265-7169 for Police Alarms or (609) 265-7168 for Fire/EMS Alarms.



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ALARM REGISTRATION QUESTIONNAIRE

Alarm Site: (please check one)

- Residential
Single Family
Condominium/Townhouse
Apartment

Commercial Type of Business Conducted:

Type of Alarm: (check all that apply)

- Burglar
Silent
Audible
Holdup
Silent
Audible
Medical
Silent
Audible
Other:
Silent
Audible

Does your business or residence have a video system

- Yes
No

If yes:

Brand:

Model:

Video Retention period (if known) days.

Alarm Installer:
Address:
City, State, Zip:
Phone #:

Monitoring Company (if different):
Address:
City, State, Zip:
Phone #:

I, the undersigned certify that the following alarm was installed/transferred on (date) through the above listed installer, I have received a set of written operating instructions, guidelines on how to avoid false alarms and the alarm installation company has properly trained all users how to use the alarm including instructions on how to avoid false alarms.

Applicant Signature: Date: