

MAPLE SHADE POLICE DEPARTMENT
EMERGENCY CONTACT/ALARM REGISTRATION FORM
(\$5.00 annual alarm registration fee)

NEW ALARM <input type="checkbox"/>	CHANGE INFORMATION <input type="checkbox"/>	REMOVE ALARM <input type="checkbox"/>	EMERGENCY CONTACTS <input type="checkbox"/> (no fee)
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Resident/Business Information

Name: _____

Address: _____

Billing Address: *(If different from above)* _____

Phone Number: _____ Cell Phone: _____

Email: _____

Video System: Yes No Brand: _____ Retention Period: _____

Additional Information: _____

Emergency Contacts

Please list in preferential order and who can respond within 30 minutes

Name: _____

Contact Number(s): _____

Name: _____

Contact Number(s): _____

Name: _____

Contact Number(s): _____

Alarm Company

Alarm Company Name: _____

Alarm Company Address: _____

Alarm Company Phone: _____

Questions? Please contact the Records Bureau at 856-779-9499 or records@mapleshadepd.com. A copy of the ordinance is available at www.mapleshade.com.

Please return completed form along with **\$5.00** annual alarm registration fee made payable to **Maple Shade Township** to the Maple Shade Police Department:
200 Stiles Ave., Maple Shade, NJ 08052.

Registration expires on December 31st. It is the responsibility of the registrant to renew annually