



CHESWOLD POLICE DEPARTMENT



Alarm Registration Form

Complete Form, Print Out Form and Mail to: Cheswold Police Department P.O. Box 220 Cheswold, DE 19936

RESIDENCE

BUSINESS

Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone (s):

Residence _____

Other _____

OWNER:

SAME AS ABOVE

Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone (s):

Residence _____

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 _____

CHESWOLD POLICE DEPARTMENT
Alarm Registration Form (cont.)

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.)

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) _____

DISCLOSURE AND SIGNATURE

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

Signature of owner or representative completing form

Official Use:

DATE COMPLETED: _____