



# New Hope Police Department

## Residential Alarm Registration

Forms must be filed within thirty (30) days of installation, including residents that have alarm systems at the present time. Please return completed form and **\$25.00 registration fee** to the following address: New Hope Police Department, 125 New Street, New Hope, PA 18938.

### ALARM OWNER

Account # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Installation: \_\_\_\_\_ Local or Monitored System? \_\_\_\_\_

Type of System: (Please check appropriate spaces)

Warning Type:

Burglary \_\_\_\_\_ Fire \_\_\_\_\_ Medical \_\_\_\_\_ Other \_\_\_\_\_ Silent \_\_\_\_\_ Audible \_\_\_\_\_

### INSTALLING COMPANY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### SERVICE COMPANY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### MONITORING COMPANY/COMM. CENTER

Direct Connect: Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### CONTACT INFORMATION

#### CONTACT #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### CONTACT #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_